

# Undocumented Migrants' Access to Healthcare in Germany: Limitations and Strategies

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# Undocumented migrants' access to healthcare in Germany: Limitations and strategies



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## **ABSTRACT**

Healthcare for undocumented residents in a country like Germany which is known for its rather restrictive immigration policies has been a complex issue for quite some time. Through the case study of Punjabi undocumented migrants from South Asia, this paper attempts to highlight several constraints and limitations of this population in accessing healthcare as well as the dilemma faced by the medical fraternity and voluntary healthcare workers in serving such people due to the paradoxical nature of the legal situation. A detailed analysis of the healthcare situation of undocumented immigrants is given based on an elaborate account of the consequences of lack of proper medical care. Further, suitable recommendations for the improvement of these migrants' access to medical services as suggested by health professionals are presented.

## **Introduction**

Undocumented migrants currently form a more than moderate part of Germany's population. In spite of the Government's conservative stance on the issue, people with illegal status continue to make inroads in Germany. Like several other Western European nations, Germany has adopted very restrictive migration and asylum policies which make it hard for a majority of foreigners to acquire a regular migrant status. It is sometimes believed that these circumstances reinforce the phenomenon of illegal migration, especially through human trafficking (Scott 2004). Even though there is a demand for labour, the German Government is not at all open-minded about immigration. Undocumented immigrants who enter the country in order to earn money frequently find employment in sectors such as the building trade, agriculture and the service industry (Stobbe 2004:159). Such jobs are characterised by an extremely low wage level and substandard working conditions. Although officially not allowed to work, these illegal migrants from various parts of the world provide a cheap labour force to the Government of Germany, thereby contributing to the economy of the country. However, what is shocking is that the Government has a very lackadaisical approach towards the health status of such people. In fact, the Government has a dual policy. On the one hand, these illegal immigrants are being used as effective workforce and on the other hand, the Government is reluctant to formulate a policy to examine or improve their health status. Bade is highly critical of this behaviour which he refers to as "scheinheilig"<sup>1</sup> (2001:72). The Government refuses to accept that these illicit workers actually fill a gap in the system. Instead, undocumented migrants are being exploited, stigmatised and criminalised (ibid.). Germany's immigration policies focus mainly on combating illegal immigration, without any attention to the rights of undocumented migrants. Technically, there are certain minimal rights available to undocumented immigrants in Germany, including a reduced level of medical

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<sup>1</sup> "Hypocritical"; "pretending innocence".

treatment. Several studies, however, have shown that in practice these migrants are actually hardly in a position to make use of their right to what Pross calls “third-class health care” (2007:50). This exclusion from full social benefits stems from the Government’s fear of creating any additional pull factors which might encourage further immigration.

Undocumented migrants’ human rights are in no way sufficiently protected in a country where the access to healthcare is governed by highly restrictive regulations and where medical assistance to this segment of the population is being hampered as well as criminalised through the legal framework, particularly §87 and §96 *Aufenthaltsgesetz*. Unfortunately, this dismal situation puts tremendous pressure on local actors like healthcare professionals and social workers who often work with limited resources to defend this population’s fundamental rights to healthcare.

Illegal immigration in Germany has so far not been sufficiently explored. The state of knowledge is most unsatisfactory as there are still plenty of missing links in the research regarding this topic. There have been a limited number of studies on the living conditions of undocumented migrants; these, however, do not allow systematic conclusions. Relevant projects have been realised by Alt (1999), who gave a report on undocumented immigrants’ lives in Leipzig, Anderson (2003), who carried out research in Munich, as well as Bommers and Wilmes (2007), who chose Cologne as their field site. Information on the health situation of this population group is rather scant, although there have been attempts to examine the character and distribution of illnesses among these migrants (Scott 2004; Schönwälder/Vogel/Sciortino 2006: i-iv).

Punjabi immigrants were found to be the single largest ethnic community in Germany from the South Asian region. Like other ethnic groups, they are faced with several constraints and limitations in accessing healthcare in Germany and unfortunately, no full-fledged scientific study has been conducted on this population so far. My research initiative was aimed at gaining insight into various aspects of healthcare for undocumented migrants in Germany through the case study of this South Asian ethnic community, including the nature of common health problems among this population, their difficulties in seeking medical care, as well as the different strategies, methods and ploys used in situations where medical intervention was needed. Further, the role of healthcare workers, private initiatives, NGOs and lawmakers in this context was analysed. Besides evaluating these various aspects, the attempt has been made to find answers to several other sub-questions like

1. Are illegal immigrants authorised to avail of healthcare facilities in Germany? If so, what forms of care are they entitled to (comprehensive or just basic care)?

2. What are the health-seeking behaviours of illegal immigrants in case of their illness?
3. Which are some of the most common diseases and disorders these people suffer from and what could be the implications following the denial of proper medical treatment?
4. Which providers/healthcare institutions do they consult, how do they learn about and interact with these providers, and to what extent do these arrangements meet their healthcare needs?
5. What fears do these undocumented migrants harbour upon accessing healthcare? Are these fears substantiated?
6. Who is lobbying for or against this population's health rights?
7. What are the actors' or organisations' arguments, agendas and objectives?
8. Why it is important to ascertain a case study of Punjabi illegal immigrants in Germany?

The term *undocumented* has primarily been used in this research for those Punjabi illegal immigrants who have absolutely no documents related to their own identity or their residence permit in Germany. However, immigrants staying illegally following the rejection of their asylum application have also been included for the purpose of studying the overall healthcare situation of this population from South Asia.

Although Geddie (2009) advocates that most undocumented migrants enter Germany with legal status only to become illegal later on due to administrative lapses or infringement, my findings about the studied population contradict this. Barring a few cases of asylum, most of the interviewees entered Germany with no legal documents at all. In fact, even the use of falsified documents which is considered one of the four methods of illegal entry (Worbs 2005:5), was not tried by these immigrants. They used forged documents to leave India for other destinations but not Germany. Once they entered a country other than Germany in the European Union or the former USSR, they risked their lives proceeding to Germany while riding on absolutely undocumented identity. In other words, the journey of these immigrants began on the note of illegality right from their homeland.

It is true that these undocumented migrants' access to healthcare is so limited that the quality of treatment cannot be ensured even if immigrants are willing to pay cash as also observed by Pross (2007). Cholewinski's (2005:49) view, too, heightens this notion when he describes the plight of this population in trying to have minimum access to social rights including medical care facilities. However, it is also important to note here that some of the



doctors and even patients during my research admitted that the quality of their treatment suffered due to irregularity in visiting the treating physician. Money was not the issue in that situation and irregularity of course was due to their prolonged confinement in hideouts for fear of being caught. With the sole exception of the *Gurudwara*<sup>2</sup>, these people hardly try to go out openly. The *Gurudwara* is the most important place for these Punjabi immigrants not just for seeking refuge but also as a meeting point where medicines and other medical disposables can be collected. Such social networks are of crucial importance to migrants, particularly in the context of job hunting and in case of illness (Münz et al. 2001).

It seems obvious that these illegal residents strive to blend in with the host society in order to remain as inconspicuous as possible. This has also been pointed out by Castañeda (2008:5) and Nijhawan, who studied Punjabi illegal migrants' behaviours with regard to attempting access to medical care and defying deportation. The latter notes: "Undocumented migrants adopt strategies of self-normalisation and make themselves as publicly invisible as possible. A significant number of undocumented male Sikh migrants shave off their hair and beards before their arrival in Europe" (Nijhawan 2005:275).

In respect of the types of health disorders among these Punjabi undocumented migrants, my observations about the element of gayness, the use of life-threatening libido-enhancing pills and unsafe sexual practices presented new findings. One reason which this result may be attributed to is the cultural and geographical affinity between researcher and respondents. After initial hesitations, most of the interviewees were ready to talk quite candidly about their health-related problems, habits and health-seeking behaviours. These circumstances allowed extra insight into the immigrants' living conditions and in particular their health status.

## **Chapter 2 - Qualitative analysis of healthcare and health needs of South Asian undocumented migrants**

Besides the description of the fieldwork methods and research methodology used, this chapter presents a detailed analysis of the data collected during the research project spanning more than three months. The data concerns healthcare needs and health-seeking behaviours of undocumented migrants in Germany. This qualitative analysis of the findings from the fieldwork is an attempt at getting all pertinent and relevant answers for the *Hows* and *Whys* in relation to undocumented migrants' constraints and limitations in accessing healthcare. The qualitative method of data analysis was chosen over the quantitative approach as it was not feasible to involve a large number of illegal immigrants in the research for the purpose of

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<sup>2</sup> Sikh temple.

conducting an effective analysis because of this population's reluctance to be interviewed due to their illegality.

### 2.1. Research Methodology

There are three segments of people who were contacted and interviewed for this research:

1. Undocumented migrants from the South Asian region with focus on Punjabi immigrants
2. Documented migrants with undocumented status in the past
3. Physicians
4. Social workers affiliated with NGOs and private initiatives

With the exception of few people, most of the interviewees agreed to be part of this research on the condition of anonymity. However, a conscious effort was still made to ensure strict confidentiality in case of all the conversations due to the sensitive nature of the subject chosen for this fieldwork<sup>3</sup>. While in the case of undocumented migrants, the anonymity factor was extremely important for the obvious reason of illegality, documented migrants preferred anonymity in order to avoid social stigmatisation. Similarly, in the case of healthcare professionals, barring few, the majority of doctors and social workers chose to talk anonymously due to legal constraints and implications. For some doctors, anonymity was important as it was a policy of the private initiatives they were attached to.

Taking into consideration the magnitude of the risk associated with this topic, the following methods of research were put into use<sup>4</sup>:

1. Questionnaire-based interviews
2. One-to-one semi-structured interviews for the purpose of life histories
3. Semi-structured interviews with ten healthcare workers like doctors and social workers

Questionnaire:

Due to several legal and time constraints in interviewing these undocumented migrants, 15 short and direct questions were included in the questionnaire in order to get specific answers from the respondents. Of course, their feedback and comments other than what was asked in the questionnaire have also been taken into consideration wherever necessary.

Since the questionnaire was prepared in English, most of the migrants preferred to give specific answers without any further elaborations due to their limited English-language skills. Interestingly, a fair amount of accuracy regarding their health condition and health-seeking behaviours could be achieved through their specific replies.

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<sup>3</sup> The names of all the people involved in this fieldwork project have been changed.

<sup>4</sup> See appendix for respective questions.

Semi-structured interview:

This method proved very effective in the case of those people who agreed to talk in detail about their plight and experiences with regard to their illegal status. As the lives of these undocumented migrants usually resemble a kind of roller-coaster ride, it was advisable to have a semi-structured interview-based interaction which allowed counter-questions through which a more elaborate account of data for the purpose of writing life-histories could be achieved. The same logic seemed appropriate in case of the interviews with all those healthcare professionals who were ready to talk freely on the issue of undocumented migrants' access to healthcare in Germany.

### Collected data

The following data was collected during this research project for the purpose of conducting a qualitative analysis:

- Questionnaire responses from 15 undocumented migrants from the ethnic group of Punjabis
- Detailed interview-based information from eight undocumented Punjabi migrants for the purpose of life histories
- Detailed interview-based information from two documented Punjabi migrants for the purpose of life histories
- Semi-structured interview-based information from five additional undocumented South Asian migrants
- Semi-structured interview-based information from two documented South Asian migrants
- Semi-structured interview-based information from ten healthcare workers (doctors and social workers affiliated with NGOs and private initiatives)

All these data were gathered in the course of this fieldwork encompassing the states of Baden-Württemberg, Hessen and Rheinland-Pfalz in Germany. It was ensured that the confidentiality of the interviewees remained intact and no standard norms and rules of professional ethics in fieldwork research were flouted in any possible way.

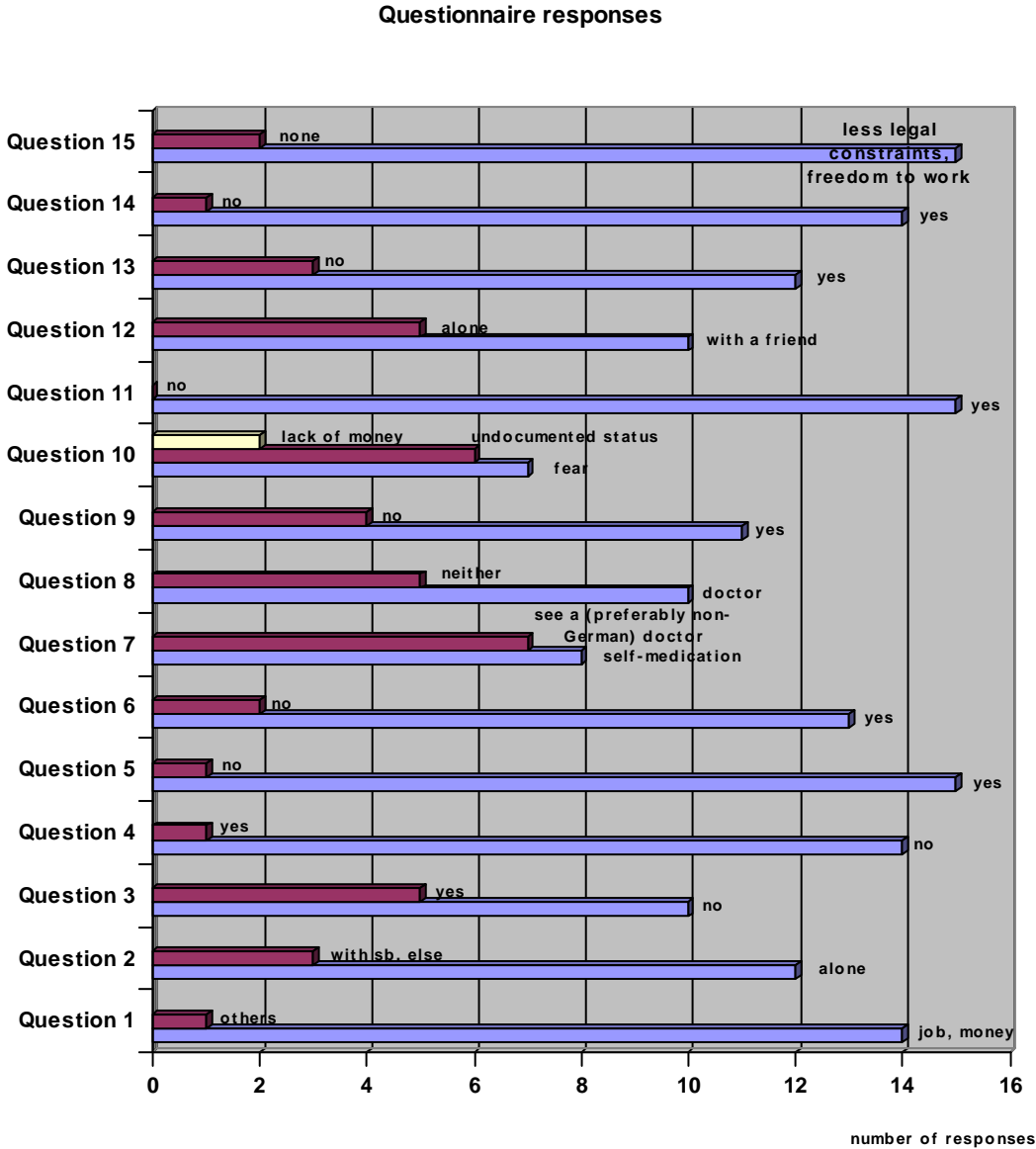
### 2.2. Selection of the sample

Since there is a tremendous amount of sensitivity attached to interviewing undocumented migrants due to their illegal status, isolated living conditions and lack of trust, certain people known to these illegal immigrants were taken into confidence to reach this population for the purpose of sample selection. 15 undocumented migrants of the Punjabi ethnic group were chosen and a questionnaire with 15 specific questions was prepared for them in order to

acquire accurate knowledge about their health problems and health-seeking behaviours in Germany.

Specific findings from the questionnaire:

The following chart gives an overview of the questionnaire responses. The corresponding questions have been included in the appendix.



The responses to the very first question challenge the popular view that security and protection of one’s life are the primary reasons for seeking refuge in Germany. Instead,

money, job and relationship<sup>5</sup> were found to be the most common motives. Though not part of the questionnaire, some of the undocumented migrants volunteered to explain that getting any kind of job and earning in Euros, even at the risk of having an illegal status, was their main agenda.

Health issues of these immigrants are primarily mental and psychological in nature. Almost everyone complained of deep depression and anxiety characterised by sleep disorders and alcohol abuse. It is not so difficult to comprehend that these mental disorders are result of an isolated lifestyle and dire living conditions, where the fear of being unmasked constantly hovers over the heads of these people. Besides, sexually transmitted diseases are also beginning to take a toll on this population. This seems to be a consequence of their casualness and their reluctance to talk about their sexual practices with the treating doctor, not to mention their extremely unhygienic living conditions.

Health-seeking behaviours, methods and tactics are determined by the kind of circumstances these migrants are faced with at the time of seeking medical care for their health problems, for instance if they are earning money at that moment and therefore they are comfortable with the idea of cash-basis treatment, or if they are in touch with a friend with legal status whose medical insurance card they can use. However, as expected, self-medication is the most common health-seeking behaviour before other options are tried. Similarly, admission to a public clinic is the last option on the minds of these people due to high probability of being identified and caught by the police.

Undocumented immigrants are overcautious when it comes to choosing a physician. They want to be absolutely sure that the doctor they are going to see is either known to them through a reliable friend or is someone with a similar cultural background. Medical care givers of South Asian origin are easily approachable because of a certain cultural and linguistic affinity. They are usually preferred over other doctors so that the patient's health problems can be addressed without any cultural barriers. Interestingly, there were also some interviewees who felt uncomfortable talking to physicians of their own nationality and ethnicity about venereal diseases and alcohol abuse. They admitted that they were not used to sharing such problems with South Asian practitioners openly due to cultural conservatism. One reason to avoid seeing doctors of one's own nationality or cultural background is these people's shame and embarrassment in facing such doctors due to the stigma associated with their illegal status. The preference of Russian doctors in this case, however, is noteworthy. Physicians of Russian origin are very popular among South Asian undocumented migrants

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<sup>5</sup> Relationship here includes the connections these migrants have with family members who are already staying abroad as well as partnerships with persons who decide to leave their homes resorting to illegal means.

and particularly Punjabis. This could be attributed to the fact that the majority of these South Asians enter the European Union after spending a fair amount of time in Russia. Familiarity with Russian doctors and their language helps them enjoy a certain comfort level.

With regard to their communication problems, most of the respondents state to have difficulties in speaking and understanding the German language. A lack of English-speaking skills further complicates the situation. Even some of the people who have a basic knowledge of German are not able to follow conversations with native German doctors because they speak too fast for them. This language barrier frequently encourages these immigrants to either see a doctor of their own nationality or to contact someone known to them through a person of confidence.

Consulting pharmacists, medicine students and traditional healers is another active option vis-à-vis this population's health-seeking behaviours. NGOs like *Medinetz*, *Café 104* etc. are also approached when the patients are sure about getting free treatment for their ailments, especially sexually transmitted diseases and other contagious diseases with the sole exception of HIV.

With regard to their expectations towards the German Government, most of these undocumented migrants wish to be treated at par with other documented citizens in Germany.

### 2.3. Interviews with undocumented migrants

The focal point of this research has been to ascertain common health disorders among South Asian undocumented migrants, constraints and limitations in accessing healthcare, as well as popular methods, tactics and ploys adopted by this population in order to avail of these services in Germany. One-to-one semi-structured interviews were conducted with six undocumented and two documented migrants from the age group of 25-35 years in the states of Baden-Württemberg, Hessen and Rheinland-Pfalz. A conscious effort was made to choose interviewees belonging to the abovementioned category because it was observed that young people up to the age of approximately 35 make up the majority of this segment of society.

#### 2.3.1. Common health problems and ailments

“*Maada shareer*” (“vulnerable body”), “*bhaari sar*” (“heavy head”), “*deemagi bukhar*” (“fever in the mind”), “*darr*” (“fear”), “*shareer dard*” (“body pain”) and “feeling down” were some of the expressions used by these undocumented migrants to describe their mental and physical condition. The findings from the interviews shine a light on these Punjabi immigrants' health situation, one of the sub-questions to be addressed in this fieldwork. The respondents repeatedly and categorically pointed out that they were often faced with a poor psychological state marked by anxiety, fear, stress and even guilt.

The young men interviewed were more interested in talking about their psychological problems than in giving details on their bodily constitution. In fact, they strongly believed that their physical condition was largely determined by psychological factors. Hunger, strength and energy, which formed the physical aspect of their health, were primarily dependent on what they described as *man* (mood). Indian Punjabi immigrants Jagtara and Gulshan admit that happiness, which is key to sound health, is a rarity in their lives and so all they can do is to learn to deal with their stress and anxieties.

While agreeing on the statement that fear was a dominant feature of their lives, the migrants surveyed expressed varying views regarding the origin of their poor mental condition. In the opinion of Dalbir and Sikka from the Indian state of Punjab, the fear of being identified, unmasked and persecuted haunts them all the time, forcing them into an isolated life for an indefinite period of time.

Iqbal Singh, another undocumented immigrant, contends that the problem of anxiety has also to do with a high level of jealousy among the housemates. He explains that every time someone from their group informs others about even the possibility of finding an escape route from illegality, the others go into their shells. Almost all interviewed migrants admitted to some sort of rivalry among housemates as to who will be first to obtain a legal status.

There is a conflict between suspicion and trust on the minds of these undocumented immigrants. They do not easily trust anyone, not even the people they are sharing a room with, and prefer to be mute about their plans and personal matters due to the fear of having their identity disclosed. There have been a few instances where people from within the same group secretly informed the police about a specific hideout or an individual working illegally at a certain place.

In many cases, undocumented migrants are bothered by strong feelings of guilt. The constant self-stigmatisation stemming from their illegal status without fail leads to an increased level of emotional distress. This, coupled with a traumatic past, marked by a loss of self-esteem and deepening inferiority complexes, adversely damages their mental condition. “*Sharam*” (“shame”), “*badnaami*” (“stigmatisation”), “*bay-izzati*” (“insult”), and “*pachhtava*” (“regret”) were the terms used by the interviewees to express their feelings about their stigmatised and tarnished image.

As regards physical discomfort, the most common problems, according to these immigrants, were abdominal, lower back and chest pain, as well as skin infections. 29-year-old Sri Lankan undocumented migrant Rajan quickly contends that barring skin infections, which occurred basically due to rather unhygienic living conditions, bodily ailments were symptoms of a

stressful lifestyle characterised by anxiety, fear and a prolonged isolation from the mainstream society. Sikka has a somewhat different explanation especially for abdominal pain. He believes that alcohol abuse has been a major trigger of abdominal pain among his housemates. In fact, he discloses that one of his friends, who often complained of body pain especially in the abdominal area, was recently diagnosed with a liver infection. Sikka's contention makes sense as the majority of these undocumented migrants have admitted a certain addiction to drink. Defying the common medical perception, one interviewee even believed that the alcohol intake usually helped him overcome his depression as well as sleep disorders. Almost vouching for others, a Pakistani immigrant who has been witness to situations where alcohol was used to fight depression, sympathises with his South Asian housemates: "What else can they do to shed their mental tensions and worries?"<sup>6</sup>

The common view among this population is that, as none of them actually undergoes even basic-level medical examinations, leave aside proper treatment, there is only scope for deterioration in health due to traumatic and unhygienic living conditions in confinement.

Facing a life full of depression and anxiety for several months and even years forces some of these undocumented immigrants to resort to what one of the interviewees describes as '*laundebaazi*' ('gayness'). Though claiming to have refrained from homosexuality, Dara of the Pathan community in Pakistan gives away details of the practice of gayness among his housemates. Gayness, he tries to explain, is seen as an ideal foil to man-woman sex especially when the latter is more risk-prone due to the migrants' restricted mobility. However, he clarifies, gayness works for those who find it a feasible option by choice and not by force. With homosexuality having ceased to be a social taboo in European society, some of his South Asian housemates are also fast coming to terms with this practice.

Although most of the interviewed immigrants stated to have experienced long periods of sexual abstinence during their isolated lives, they did admit to occasional indulgence in sexual practices which were not at all safe. Almost everyone confessed to having ignored the use of safe methods at least twice in situations when they were either in a state of inebriation or too frustrated to be part of a life worth anything.

In response to the obvious question about sexually transmitted diseases (STD), Sikka echoes the common perception that there could be a high prevalence of STD among their population group due to unsafe practices. Almost vindicating this view, one of the undocumented migrants, speaking in a hushed voice while winking at his mate, admits that the use of condoms sometimes becomes secondary to the use of libido-enhancing pills.

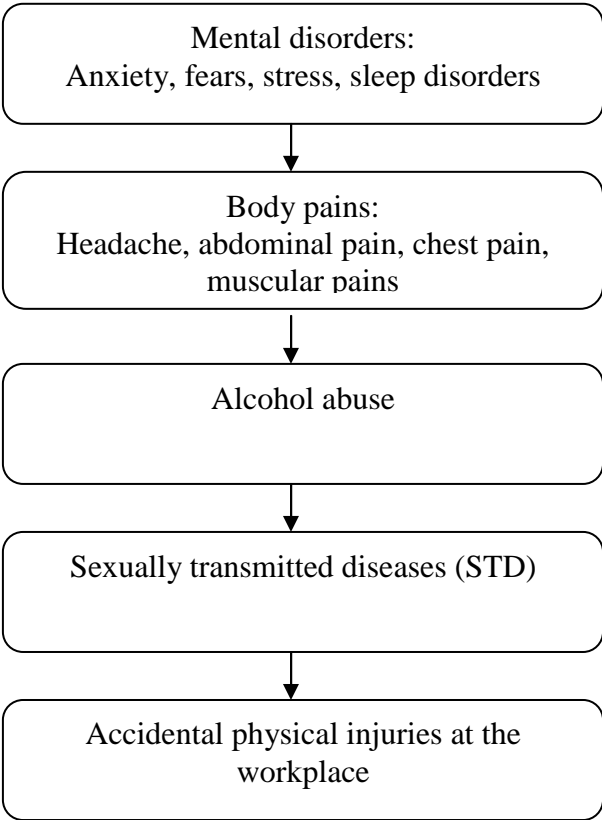
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<sup>6</sup> All original Hindi and Punjabi quotations were translated into English.



Rajan discloses some startling details about the ongoings during his stay in a building near Eppingen in Baden-Württemberg. One of his housemates managed to strike a deal with a foreign cleaning lady who volunteered to take care of their sexual needs for a paltry amount of five Euros per person. “It worked because the lady was as frustrated as most of the housemates living there, and the African immigrants’ reluctance to use condoms almost became a kind of norm there”, Rajan reveals.

**Types of health disorders among undocumented migrants (from most to least common):**



2.3.2. Constraints in accessing healthcare

One part of the main research question is the analysis of the limitations and difficulties undocumented migrants have to face when making use of healthcare services. The interviewees confirmed that they encounter several constraints and hindrances while trying to access medical care in Germany. However, the most obvious handicap named by almost

everyone during this fieldwork was their illegality. With a 'no paper identity' - a term used by the respondents to describe their illegal status – they have adopted a 'once bitten, twice shy' kind of approach. Hailing from South Asian countries where the possession of papers is no necessity to attain medical care, these undocumented immigrants now find themselves in an unfamiliar situation where their status turns out a serious hindrance to receiving proper treatment.

Another important aspect which often keeps them from seeking medical care is their shortage of money. These financial straits stem from the fact that undocumented residents are legally not allowed to work in Germany. Illegal types of employment are limited and full of risks. Henceforth, financial constraints are a big hindrance in seeking medical care. With the cost of treatment being so high in Germany, proper medical attention is usually beyond their reach. Dara, who recently went to see a practitioner because of severe chest pain reveals: "The doctor was kind enough to waive off his consultation fee, but I had to borrow an amount of 180 Euros from a friend to buy medicines". Yet another person interviewed discloses that whatever little money he earns by taking the risk of doing some dirty and degrading work, it is hardly enough for his own meals and his small family back home in Punjab.

Anonymity is another interference factor in availing of healthcare. Since these people do not want to divulge any information about their identities and avoid giving any contact details for fear of jeopardising their stay, it sometimes becomes very difficult for healthcare centres and clinics to start the treatment because it is often not possible to stay in contact with such patients and therefore no proper record of their treatment can be maintained. In many cases, long-term therapies cannot be carried out successfully due to this problem.

For all those undocumented migrants who somehow manage to see a doctor, the lack of German language skills is no small issue. "If I can't speak German or even English and I am not accompanied by anyone who can help me with the communication, I feel like a deaf-and-dumb person", one of the immigrants expresses his helplessness. For someone like Dalbir, who speaks some German, understanding a German doctor is the toughest thing he has to encounter when he goes to a clinic. "For me, they speak too fast and I hardly understand anything. And whatever little German I can speak is not good enough for them to understand my health problem", he explains his dilemma. So, he generally prefers Russian- or English-speaking doctors because he spent a long time in Russia and can understand English better than German.

Another equally important factor which discourages them from visiting a doctor is their general lack of trust in others. Even their everyday lives and relationships with closer

acquaintances are marked by suspicion and distrust. Almost all undocumented migrants interviewed during this fieldwork agreed on the view that doctors in Germany were under some sort of obligation to report the presence of an illegally residing person to the police or to the Foreigners' Registration Office. This impression is even justified to an extent as there have been instances of undocumented migrants being caught at healthcare centres. Among undocumented migrants, German practitioners have a different image in comparison to doctors of other nationalities. Barring a few, most interviewees believed that, being very law-abiding by nature, German doctors were less reliable for them. This also explains why some of these immigrants prefer to see either a doctor of their own nationality or someone who is known to them through a person of confidence.

Undocumented migrant Sukhi from Punjab speaks in defence of German doctors. According to him, even German physicians are not too happy about their restricted freedom in serving undocumented migrants. "If German doctors were too tough to deal with, they would not be part of several NGOs which are committed to treating people without papers", he argues and further explains: "The undocumented migrants' lack of trust in German doctors is a result of their own fears and suspicious behaviour".

### 2.3.3. Tactics, methods and ploys in seeking healthcare

When talking about the interviewees' health-seeking behaviours and methods - the second central aspect of the research topic - one thing which soon became clear is the fact that all of them are extremely anxious to avoid hospitalisation at any rate. A hospital stay is considered an enormous risk. Therefore, these undocumented migrants try to find alternative options.

Self-medication obviously is the most realistic option whenever these people encounter any health problems. All the respondents confirmed that they have stocked up with various basic medicines and tablets which can be used to stabilise their condition. New supplies are commonly arranged through friends. *Gurudwaras* frequently serve as collecting points for these medicines. From there, they might be picked up or delivered to the buyer's home. According to the interviewees, there are also some pharmacy and medicine students who provide the *Gurudwaras* and other social organisations with medicines which they obtain for free through visiting medical representatives at their university clinics and hospitals. *Paracetamol*, *Crocine*, *Combiflame*, and several other pain killers and tranquilisers were adduced as instances of medications which are popularly used in case of body pains, fever, headaches and colds. The use of antidepressants is also quite common among this population. In case of serious physical injuries, mental issues, cardiac disorders or other grievous complaints where self-medication is not applicable, undocumented migrants prefer to see a

doctor who is known to them through a person of confidence. In this context, the importance of social networks such as community-based get-togethers at *Gurudwaras* cannot be neglected as they enable their members, including undocumented migrants, to share useful information like recommendations regarding certain doctors.

The immigrants interviewed revealed that using other people's health insurance cards is a common practice among undocumented residents. If cash payment is not possible, they in many cases choose to borrow a friend's insurance card, preferably without the picture of the original card holder. In reply to the question about how exactly misusing someone else's card at a medical practice or hospital works, one migrant gives an interesting explanation:

There are a few clinics everywhere in Germany where doctors are hardly perturbed by the illegal status of their patient. They never suggest to you to resort to any unfair means of having access to health care. But if you are using a health insurance card which, they know, does not belong to you, they prefer to overlook this. In fact, at times, it seems that the whole staff in the clinic is trained in such pretences.

One (now legal) immigrant who lived in illegality for more than ten years describes his own experiences regarding the misuse of health insurance cards: "The passport is actually never needed when you want to see a doctor and so, if there is no picture on the medical insurance card you are carrying... It worked eight out of ten times in my case". And on the remaining two occasions, the lack of German-speaking skills (pretended or otherwise) usually covered up his failed ploy, he discloses.

In cities like Heidelberg, Berlin and Cologne, illegal residents sometimes approach medicine and pharmacy students for medical help. Further, there are some South Asian Ayurvedic doctors that are frequently contacted by these people.

And then there are self-styled therapists like Jagjeet Singh from Frankenthal, who claims to provide a massage therapy which brings physical and mental relief. He especially attends to undocumented migrants to help them cope with depression, anxiety and emotional traumata. Jagjeet laments that his therapy remains ineffective for some patients who cannot visit him regularly due to their illegality. He himself spent 15 years as an illegal immigrant in and around Germany before finally obtaining a legal status only recently. With no formal training in massage therapy, Jagjeet, who hails from the Indian state of Punjab, learnt the finer points of this technique by reading a book. Initially based on a hit-and-trial method of learning, he acquired some sort of expertise after five to seven years of hard work. He does not charge any service fee from his undocumented patients, but the ones with a legal status pay seven Euros for a session of 45 minutes.

One startling observation made during this fieldwork is the tendency of a large part of the younger generation of undocumented migrants to regularly consume cheap versions of *Viagra* sold at certain South Asian stores in Frankfurt. Initially sold as anti-depressant pills under codenames like *Sardard ki Goli*<sup>7</sup>, *Murga Chhaap Pathaka*<sup>8</sup> and *Pink City*<sup>9</sup>, these local versions of *Viagra* arriving from India are likely to have adverse effects on the health of some users.

**Health-seeking behaviours of undocumented migrants (from most to least popular):**



**Chapter 3 - Aspects of healthcare**

This chapter outlines the legal background relevant to the phenomenon of illegal migration and analyses undocumented residents’ social situation, their employment position, and their theoretical right to healthcare. It first sketches out the various reasons for migration

<sup>7</sup> “Headache pill”.

<sup>8</sup> A well-known brand of fireworks.

<sup>9</sup> Pink City refers to the city of Jaipur, where the first supplier of these pills in Germany hailed from.

movements and further illustrates the ways through which migrants become illegal. The passage dealing with undocumented migrants' access to healthcare according to German law includes detailed information on relevant sections of *Asylbewerberleistungsgesetz*, *Infektionsschutzgesetz* as well as *Aufenthaltsgesetz*.

### 3.1. Undocumented migrants: definition

According to *Aufenthaltsgesetz* § 4 Abs. 1, a foreign national not exempt from the visa requirement can legally enter and stay in Germany if he or she is in possession of at least one of the following documents: *Visum* (short term visa), *Aufenthaltserlaubnis* (Residence permit), *Niederlassungserlaubnis* (Unlimited residence permit), or *Erlaubnis zum Daueraufenthalt* (Right of permanent residence). With the exception of asylum seekers and foreigners holding a *Duldung* (Temporary Suspension of Deportation), anyone not having any of these papers is considered an illegal or undocumented migrant.

### 3.2. Reasons for migration and the entry into illegality

In general, migration movements are said to be governed by so-called push and pull factors. Push factors are circumstances which cause people to leave their home countries. These circumstances include, for instance, poverty, unemployment, political or social conflicts, environmental disasters, and the lack of educational chances. Pull factors, on the other hand, make a country attractive to foreigners. The prospect of better job opportunities and higher wages in a country with an improved economic situation, and therefore the hope for a raised standard of living play an important role in the expectations regarding the destination. Sometimes, migrants might also decide to enter a country because of family members and relatives who are already staying there (Haase/Jugl 2007).

The ways through which people become 'illegal' are manifold. The *Bundesamt für Migration und Flüchtlinge* (Federal Office for Migration and Refugees) names the following four methods of entry which result in an illegal status: the entry with falsified documents, the entry with a visa which was obtained by presenting falsified documents, the entry with a legally acquired visa followed by the overstaying of the permitted duration of stay, as well as clandestine border crossing without any documents (Worbs 2005:5). The latter also includes those people who come to Germany through human-trafficking organisations. This may happen either at their own will or under constraint, for example in the case of young women who are abducted and then forced into prostitution abroad.

Due to the tightening of the Aliens Law as well as the Asylum Law, it has become difficult for refugees to get a chance to stay in Germany. Some of the asylum seekers that have to fear

rejection of their request choose illegality instead because they cannot or do not want to return to their home countries.

On a broader scale, undocumented migrants are those without a residence permit authorising them to regularly stay in their country of destination. The routes into irregularity are highly complex and, according to Geddie, who works for *PICUM (Platform for International Cooperation on Undocumented Migrants)*, they are “often the result of arbitrary policies and procedures over which the migrant has little or no control” (Geddie 2009:29). The current literature on this subject suggests that the majority of undocumented migrants may have entered Germany legally but after a period of time, due to administrative delays or misinformation, experienced difficulties and found themselves without the required permit for residence or employment (ibid.).

### 3.3 The legal situation of undocumented migrants

It is impossible to put a figure on the number of undocumented migrants residing in Germany. Estimations range from 500 000 to one million (Braun/Brzank/Würflinger 2003:120). This population group is in no way homogenous as it is made up of people from a multiplicity of backgrounds, with differing motives and manifold reasons for their illegal status.

Germany’s restrictive migration policies make it hard for foreigners to acquire a regular migrant status. It is often believed that this restrictive approach virtually forces people to resort to illegal means (Scott 2004). There are certain official entry points at airports, ports and along the border in the east where legal entry is possible. Besides, Germany can also be accessed through neighbouring Schengen countries. Along these borders and up to 30 kilometres inland, German officials can pursue suspects without any formalities (Marshall 2000:82). Germany’s Eastern borders with Poland and the Czech Republic are considered highly crucial areas regarding illegal immigration.

Unlike several other European countries, Germany does not carry out legalisation programmes through which undocumented immigrants would be enabled to regularise their status. Spain, Belgium and Greece are some of the nations that have repeatedly granted such amnesties in the past. In Germany, legalisation programmes have been rejected because it is feared that regularisation might engender an additional pull effect and therefore counteract immigration policy (Cyrus/Vogel 2003:16).

Undocumented migrants do not possess any work permit. They therefore can only choose clandestine employment in order to earn their living. These jobs, which are available especially in the building sector, the catering trade and in agriculture, among others, are normally low paid and sometimes highly dangerous.

Foreigners are constantly being observed via social security checks and controls in the labour market. Through this system of surveillance, illegally residing and illicitly employed migrants run the constant risk of being identified. When caught, they are then most likely to be arrested and deported. Irregular entry and stay is considered a criminal offence and may be punished with a sentence of up to one year's imprisonment (Cyrus 2008).

### 3.4. Relevant provisions of the law regarding health care in Germany

In the *Universal Declaration of Human Rights*, the United Nations agree on the view that

everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (UDHR Article 25:1).

Thus, one would be inclined to proceed on the assumption that the right to healthcare applies to all the members of a society, including undocumented immigrants. However, in the case of these migrants, accessing healthcare is attended with serious difficulties. There are a number of statutory regulations which are relevant in this context.

#### 3.4.1. Asylbewerberleistungsgesetz (AsylbLG)

Like asylum seekers, foreigners who are under obligation to leave the country, and refugees holding a *Duldung*, undocumented migrants are entitled to limited medical care according to *Asylbewerberleistungsgesetz* §1 Abs.1. This includes basic standard benefits as per §3 *AsylbLG* as well as certain benefits in case of illness, pregnancy and birth according to §4 *AsylbLG*. However, treatment is only granted in the event of acute pain and afflictions; regarding chronic diseases, the situation is not clear.

If undocumented migrants are not able to pay for in-patient treatment, they have, in theory, the right to apply for cost absorption (§4 in conjunction with §1 Abs. 1 Nr. 5 and 6 *Asylbewerberleistungsgesetz*). However, the motion has to be made at the social welfare office in advance. As a consequence, the social welfare office will identify the patient's residence status and inform the foreigners' registration office (Sinn/Kreienbrink/von Löffelholz 2005:88).

#### 3.4.2. Accident insurance

Clandestine workers are also entitled to accident insurance benefits if they get injured on the job or if they suffer from occupational illnesses. However, many employers do not pay dues for clandestine workers in order to save expenses and to avoid checks (Stobbe 2004:118). In 2004, a new law concerning the fight against illegal employment and tax fraud conceded the right of recourse to the respective insurance company.



### 3.4.3. Infektionsschutzgesetz

According to *Infektionsschutzgesetz* §19, local health authorities have to offer anonymous advice in case of sexually transmitted diseases and epidemic plagues. If the patient has neither insurance nor money, the treatment of diseases such as Tuberculosis, Hepatitis, and Syphilis might also be paid for at public expense. In the case of HIV and AIDS, treatment is not paid for (Braun/Würflinger 2001:39).

### 3.4.4. Aufenthaltsgesetz: Denunziationsparagraf, Schlepperparagraf

The Residence Act (*Aufenthaltsgesetz*) includes regulations regarding the entry, residence rights, employment, and naturalisation of foreigners. Two sections of this law will be covered below, namely §87 and §96.

In most of the cases, undocumented residents do not make use of their rights for fear of having their identities revealed. §87 *Aufenthaltsgesetz*, which is commonly referred to as *Denunziationsparagraf*, requires public institutions to report illegal immigrants to the foreigners' registration office. While hospitals and independent physicians are not obliged to do so, social welfare offices have to adhere to this law.

Another section of the Residence Act which is relevant in this context is §96 *Aufenthaltsgesetz*. The so-called *Schlepperparagraf* states that anyone who aids a person without documents might be liable to prosecution. The degree of culpability depends however on certain criteria such as the question whether a prolongation of the patient's illegal stay is encouraged through the medical treatment, whether the doctor gains any financial advantage, as well as the frequency of such acts (cf. §96 Abs. 1).

Healthcare professionals, particularly doctors, are often faced with a dilemma on the issue of providing healthcare to undocumented migrants. On the one hand, they have the professional obligation to help illegal immigrants, following the principles of medical ethics and humanity; on the other hand they are confronted with unpaid medical bills and the risk of legal consequences (Groß 2005:12).

As clearly visible from the details given in this chapter, the level of medical care available to the population of undocumented migrants in Germany is highly unsatisfactory. Keeping in mind one of the research questions posed during this fieldwork, it can be summarised that illegal residents do have a theoretical right to minimum healthcare according to German law. However, the access to these healthcare services is not guaranteed as it is to a great extent blocked by the implications that come along with the regulations defined in two relevant sections of *Aufenthaltsgesetz*.

## **Chapter 4 – Life histories of undocumented Punjabi immigrants from India**

This chapter presents the life histories of one (now) documented and three undocumented Punjabi migrants<sup>10</sup>, tracing events from the day when they decided to leave their homes in India till the present times of their illegal stay in Germany. It is important to mention here that these people reached Germany after already having led a life of illegality in other countries.

### **4.1. Historical background: The security situation in Punjab**

On June 3rd, 1984, Operation Bluestar, the infamous assault, was launched on the Golden Temple in Amritsar<sup>11</sup>, the holiest shrine of the Sikhs. In the course of these events, this temple, which had been invaded by Sikh insurgents, witnessed the homicide of thousands of pilgrims by Indian army personnel. This massacre triggered further mass killings at other religious sites in Punjab, causing tremendous unrest and turmoil. What followed on October 31st was seen as an act of revenge on the part of the Sikh community. The then Indian Prime Minister Mrs. Indira Gandhi, who had ordered Operation Bluestar, was murdered by two of her Sikh bodyguards. Her assassination led to one of the worst genocidal massacres of modern times. Thousands of Sikhs lost their lives in the massive communal riots in Delhi which seemed to be the result of a provocation by Hindu extremists (Pettigrew 1995). It is obvious that the state which was most severely hit by these acts of violence was Punjab, whose majority of residents is made up of Sikhs. The post-1984 riots engendered social turmoil in Punjab, and thousands of young Sikhs started to seek refuge abroad due to security concerns.

### **4.2. Life histories**

Life history work, which is widely known as one of the modes of narrative research, is best defined as “sociologically read biography” (Bertaux, quoted in Measor/Sikes 1992:209), involving both author and reader in a form of “licensed voyeurism” (ibid.). Life history research is a well-recognised data collection method which takes into account social, historical and political contexts.

#### **4.2.1. Manjeet, 38 years, male**

Anonymity under the cover of a different name does not really matter for 38-year-old Manjeet Singh because his real identity bid adieu to him more than two decades back. Sons of a farmer in Punjab, Manjeet and his other two brothers used to run a not so successful motor garage in a small city. While his parents studied up to the level of Matriculation, his brothers completed intermediate level education from a government school. However, Manjeet fared even better by completing a three-year undergraduate diploma in automobile engineering. He has a hazy recollection of the times when the bizarre situation in the years following the 1984 communal

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<sup>10</sup> One more life history has been included in the appendix.

<sup>11</sup> City in Northwest Punjab.

riots forced his parents to vacate their small house in the city in order to seek refuge in their village somewhere in the interiors of North Punjab. It was difficult for him to understand why people in their locality suddenly started crossing swords. Refusing to dwell further on that nightmarish period in his life, Manjeet, who currently lives somewhere near Heilbronn, only recalls that he for once hated his own existence to see people turning so gruesome and ruthless, asking for each other's blood while forgetting about the times of brotherhood and harmony they had shared in the past.

Manjeet was the first in the family who was singled out and encouraged to leave the country in order to get a job abroad due to his technical qualification. Through his uncle who lived in Spain, Manjeet could approach an agent in Delhi, who promised him a small-time job as a motor mechanic somewhere in Moscow. Being qualified for this kind of job, Manjeet was more than happy to grab the opportunity. However, his biggest challenge was to get his passport made within a short period of three months. Having failed in his attempts and already running against time, Manjeet came back to this agent who then lured him into using some other person's passport to fly to Russia. He offered to arrange the documents for a whopping figure of 15 lakh Indian rupees<sup>12</sup>. Manjeet accepted without any ifs and buts. Unwilling to divulge further details about how he managed to get the visa for Russia, Manjeet is more keen to tell as to how he was joined by 15 more people from his own state of Punjab in India and the state of Punjab in Pakistan after arriving in Russia. A mere look at the others' faces was enough for him to guess that the clouds of uncertainty hovered over the heads of all. He recalls that they did not dare talk to each other because the man who came to escort them asked them to get inside the big van without even murmuring. The scenario reminded Manjeet of a typical Bollywood movie sequence where hardcore criminals are transported from one prison to another. He could clearly feel that they were all in for some big trouble ahead. During the journey, the Afghani driver and one Russian- and English-speaking agent gave one medium sized bag to each of the 15 people on the van. The agent finally told everyone that they would be taken to some safe and isolated place away from the city for a halt of one or two weeks till further orders. After a drive of roughly one hour, the agent became more friendly and assuring in his tone. He advised everyone to be patient. Although there was no indication, by then everyone could feel that a conversation with each other was not forbidden any more. Within some minutes, it became clear that Punjabi was the only language which everyone could speak and understand with the sole exception of the agent who knew Russian and a bit of English. Even the Afghani driver could speak Hindi and a little Punjabi. It was

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<sup>12</sup> Currently approximately 25 000 Euros.

more comforting for Manjeet and the others now, as they could talk freely. However, one thing which became very evident during the conversations was that almost everyone had knowingly or unknowingly been duped into this ‘go-abroad mission’ by use of fake documents and unlawful means. “Perhaps everyone had paid 15 lakh Indian rupees to reach the foreign land”<sup>13</sup>, Manjeet guesses.

Manjeet and the others had made up their minds to face the consequences of the situation they were trapped in. Even without any inkling, it was obvious that disclosing any personal information was the last thing on every one’s mind. The van finally halted somewhere in the woods. Manjeet recalls that the place was completely isolated in a true sense as there was no trace of any inhabitants. What happened in the next two weeks is something Manjeet has never forgotten even today. All 15 people were clearly instructed not to leave the van at any cost. For a week to ten days, Manjeet and the others were literally imprisoned in that big van. As it was winter time, it was usually dark outside. Manjeet remembers that all they could get to eat and drink the whole day was a small bottle of juice, three bread rolls and one little packet of biscuits. There was a big plastic drum which they could use for all their essential morning rituals. Once a week, a van would come and drive some people to another unknown location but not before their fake passports had been recovered. On the insistence of the ones left behind, the agent assured that it was all being done to help them find jobs at different places and soon they would be freed to live as per their own wishes.

When it was Manjeet’s turn, he was driven to the city where he was handed over to a machinist. Much to his dismay, there was nothing he could see related to motors in that workshop. Already undocumented, Manjeet worked there as a helper even without any money for some months because the machinist said he was risking his own position by letting him train there illegally. Somehow, after a couple of months, Manjeet could work as a regular at least on paper and started earning a little money on an hourly basis. During his five years of stay in Russia, he worked at different places and developed his own network in the company of few people from the states of Punjab in India and Pakistan.

However, one aspect of his life which failed to get any attention from him was his health. His drinking habits coupled with his reckless and laid-back attitude led to a further deterioration of his health condition. To top it all, Manjeet recalls that sex being a cheap option in Russia encouraged him to indulge in lots of sexual activities, at times in a way which was highly unsafe. “You can get a good Russian girl for half a cigarette”, he reveals. Asked about sexually transmitted diseases, Manjeet admits he was always unsure because he could never

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<sup>13</sup> All original Hindi and Punjabi quotations have been translated into English.

really go for a medical check-up even when he noticed some alarming symptoms like recurring skin infections around his sexual organ. His undocumented status was definitely one of the reasons for his avoidance to see a doctor. He did try several self-medication methods but without any significant success.

Manjeet left Russia after few years and entered the coastal city of Valencia in Spain through someone who primarily dealt in human trafficking in the garb of real estate business. In Valencia he heard from other Punjabi immigrants, who used to sell coconuts and beer on the beaches of Valencia and Barcelona, that Germany was the best destination in Europe besides the United Kingdom. Through his uncle, Manjeet could contact yet another agent who helped him enter Germany via Polish borders but not before languishing for a couple of weeks in the woods along the border region. However, by that time, Manjeet had become quite used to such conditions and had learnt several tricks and rules of this dangerous game.

Even though his uncle was very much settled in Spain, Manjeet chose to come to Germany. He explains that though Germany was never known to be an immigration option, the chances of making money even with an undocumented status were much better than in other European countries. Like most of his colleagues, he always believed that there were people with undocumented status who could earn sufficient money doing those 'dirty, dangerous, degrading' jobs once they had gone through an initial period of humiliation and sufferings in Germany.

As regards accessing healthcare in Germany, Manjeet had never before encountered so many restrictions and constraints. It has always been very difficult if not impossible for him to seek proper medical care for his health disorders. Currently sharing a room with five other undocumented migrants hailing from Punjab, Manjeet describes how discrimination at the work place drove him into becoming addicted to alcohol a couple of years ago. He, along with other undocumented migrants, was often treated with lots of contempt and disdain at a place where his hands were continuously engaged in removing industrial and medical waste. Due to his illegal status, Manjeet was always assigned the dirtiest part of the job. However, his grievance was not related to the nature of his work, but the kind of discrimination meted out to him. He was often singled out to do tasks which were beyond his normal capacity. The kind of abuses hurled at him and a few other African workers at this garbage recycling unit was good enough a reason to feel humiliated and discriminated.

The scourge of alcohol, which Manjeet had almost prevailed over some time back, suddenly returned to haunt him. He recalls that there was hardly a night when he did not drink after coming back from work. His friends found him drunk most of the time as alcohol had become

Manjeet's regular companion. Consequently, due to his drinking problem, Manjeet lost his working ability and eventually his job. Depression and despair further aggravated his addiction. Often complaining of abdominal pain, Manjeet was once taken to a private clinic where initial diagnostic examinations confirmed that his liver, brain and digestive system were in danger due to his excessive alcohol abuse. A doctor working for an NGO named *Medinetz* volunteered to treat him by advising him to get hospitalised for a comprehensive treatment. As expected, Manjeet was reluctant to go to hospital for fear of being caught by the police. Consequently, the doctor could only try some kind of truncated medical therapy which eventually proved ineffective.

Manjeet was quite certain that his health condition would never return to normal. Feeling more depressed, demotivated and despondent than ever, he started having thoughts of suicide. When Manjeet's hopes of regaining his normal physical and mental strength were diminishing with each passing day, one religious healer of African descent advised him to divert his mind towards some divine pursuits. He asked Manjeet to spend a maximum amount of time in the *Gurudwara* so that his mind remained occupied with religious and noble thoughts and motives. Left with no option, Manjeet started going to the *Gurudwara* on a bi-weekly basis. He would spend five to eight hours in the company of the *Granthi*<sup>14</sup> and other elderly people who visited the *Gurudwara*. Talking to others, sharing his experiences with them and helping the *Granthi* at the time of prayers and *langars*<sup>15</sup> had a calming influence on his mind and body. The people who came to the *Gurudwara* often acknowledged his selfless attitude and appreciated his voluntary services. This generated a feeling of immense pleasure and satisfaction in Manjeet. He started spending most of his days in the *Gurudwara*. With the *Panthe* and other people giving him all the moral support, Manjeet was slowly but surely becoming a reformed person, someone who had learnt that the biggest strength to overcome a life-threatening addiction like alcohol dependency comes from within oneself.

Within two to four months, Manjeet could feel that he was on the right track towards a healthier lifestyle without alcohol. Although he had almost given up drinking, he would still feel that his body and mind were quite fragile and vulnerable. At times he observed a temporary loss of memory and feelings of disorientation, especially after getting up in the morning. This kind of hangover would last for about ten minutes. "Sometimes I would forget even the names of the people I used to meet at the *Gurudwara*. Similarly, I would feel clueless about my location", Manjeet says.

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<sup>14</sup> Sikh priest.

<sup>15</sup> Daily meals.

Manjeet was desperately trying to get back to his normal state of mind and health, and one day he was introduced to 37-year-old Yoga Guru Shashi Pathak. Known to several traditional healers and Bio-medicine doctors in Europe, Shashi lives in Belgium and is associated with several drug rehabilitation clinics and centres in Germany. Through some special yogic exercises and meditation coupled with regular counseling at a clinic near Mainz, Manjeet regained his lost vigour, stamina and last but not least his zeal to deal with the complexities of life with a positive frame of mind.

Now relocated at a new place near Heilbronn, a reformed and healthier Manjeet occasionally works at an Afghani restaurant earning moderately for an alcohol-free living. Although his illegal status still poses a problem, Manjeet firmly believes that he will get his share of happiness when the time comes. His unwavering faith in God has given him the strength to put his trust in the proverbial silver lining every cloud has.

#### 4.2.2. Malkeet, 27 years, male

Malkeet's obstinacy and his preference for a risky life-style prevailed over his parents' docile behaviour. Following the footsteps of some of his friends who loved to live dangerously, Manjeet dropped out of a government school in Phagwara district of Punjab and was persuaded by some kind of 'go-abroad-agent' to fly to Sweden in order to take advantage of the boom in the local job market. The agent obviously showed him moons and stars while making the offer about the allegedly lavish life on foreign soil.

Malkeet admits that resisting the temptation of going abroad has always been very difficult for young men in Punjab because of a large population of Punjabis settled abroad. Due to a very complicated and hassle-laden procedure for obtaining a passport or visa in India, short-cut routes offered by such agents have always attracted young people, even if there was a tremendous risk involved. Being no exception himself, Malkeet had no idea that his fake identity and documents would jeopardise his life within a few days of his arrival in Sweden. Currently living on the outskirts of Frankfurt, Malkeet reveals that the passport he used for travelling to Sweden was fake. However, the tourist visa on the passport was real and therefore he could embark on this journey and eventually reach his destination successfully amidst all risks and fears riding on his good luck.

Sharing an apartment with ten other fellow citizens in a small town near Göteborg, Malkeet vigorously started to find means to extend his stay in Sweden in order to create possibilities of getting a job - an agenda which has been too common among boys from Punjab. However, before someone could consider him even for a small-time job, he was informed by a reliable

source about the possibility of a police raid aimed at seizing illegal immigrants. Scenting the danger of being caught, Malkeet and some of his friends sneaked into the woods and eventually the deep forest. The forest region in question here, according to Malkeet, had not yet gained the current reputation of a hideout for criminals and illegal immigrants. Henceforth, the police officials could be kept at bay for some time.

Desperately trying to counter the threat of being nabbed, 27-year-old Malkeet spent several days eating only wild fruits before finding refuge at a milkman's old cottage. The compassion and mercy shown by this milkman in the face of an adversity had an everlasting impression on his mind. It was a dream that finally made Malkeet realise the extent of riskiness he was exposed to: He saw himself being chased after by a pack of ferocious German Shepherds in the deep woods of the Swedish border region, the howling of hungry wolves filling the air. This nightmare left him strongly intuitive about the possibility of being caught by the Swedish police. If he had not instinctively reacted to the dream and his own intuition and not crossed the border before the break of dawn, he might have been arrested and wasting away in some jail shortly afterwards. It was not possible for Malkeet to imagine that twelve years down the line, he would be leading a more than satisfying life in Germany with two children and an understanding German wife.

Malkeet entered Denmark by water. After spending a couple of years in Denmark, he could finally find a safe sea route to Germany in the year 2001. While crossing over to Germany, he met a few people from his native state in India. Capitalising on his new acquaintances, Malkeet managed to reach a small village near Kiel where he stayed with some friends for several months. Subsequently, he reached the *Gurudwara* in Cologne. Already warned of the German police's well-known vigilance and strictness, the initial months were spent mostly either in the *Gurudwara* or in the confinement of a small room in the basement of an apartment rented by one of his Punjabi friends. Demotivated and depressed, Malkeet strangely became more of an intuitive person, someone who at times was able to foresee his forthcoming troubles. This unique trait helped him and his friends on quite a few occasions when they could escape from the trap of the police just in the nick of time. Once when Malkeet discussed his intuitive behaviour with a medicine student he was told that it was a result of some sort of suspended animation vis-à-vis his fears and anxieties.

Fed up with his prolonged confinement, Malkeet once took the risk of moving a bit too freely, but as ill-luck would have it, he was caught by the police and put in prison. However, his arrest turned out to be a blessing in disguise for him in certain ways. During his imprisonment, Malkeet pretended to be in a state of memory loss and it worked for him as he



was not grilled as much as he had anticipated. His depiction of everyday life behind bars may sound a bit surprising: “Life was much better in jail. Being in jail was not as tough as being outside”, he says and further recalls that at least the food was reasonably good and he never really felt too much depressed.

Having failed to get any information from Malkeet due to his continued pretences, the police finally handed him over to a nearby hospital in Cologne for treatment. Throughout the hospital stay, he kept sticking to his pretences. This swindle, however, proved to be counterproductive for him, subjecting him to severe mental agony. Malkeet received electric shock treatment for the kind of mental condition he was pretending to be in. At that point, he was on the horns of a dilemma. Unfortunately, his continued silence for fear of being caught by the police once again led to a substantial damage to his otherwise normal mental condition. Since he also posed himself as someone not known to anybody in Germany, he failed to seek anyone’s support in this difficult situation.

When the trauma of the therapy was telling on him, Malkeet decided to confide in one of the nurses of South Asian origin who then helped him to earn the sympathy and mercy of the hospital staff. The doctors discharged him from the hospital terming his condition as not dangerous. Thereafter, Malkeet was shifted to some place near Essen where he shared a big hall with several other undocumented migrants from South Asia and Africa. Occasionally, Malkeet and others would be assigned cleaning tasks along the shopping areas for one Euro per hour. There were various other jobs he used to do, including agricultural work, waste disposal at hospitals, and cleaning and washing at a urea plant.

Constantly haunted by uncertainty and insecurity in life, Malkeet felt that his mind was often occupied with lots of negative energies and thoughts. His traumatic experiences were more than visible in his day-to-day behaviour. Malkeet thought of himself as a loser, someone who was meant to be insulted and discarded by society. His prison past, which he earlier considered not too unpleasant, finally started making him feel guilty and his mistaken treatment at the hospital had actually made him a mentally vulnerable entity. He often would not be able to sleep for several days. At the insistence of his housemates, Malkeet was taken to a doctor who believed that his condition of insomnia was causing serious damage to his mental state.

Seeking to find relief from his sorrows, Malkeet slid into alcohol dependency. With no proper intake of food and lack of sound sleep, Malkeet’s progressing addiction almost proved out to be suicidal for him because he could neither see a medical specialist due to his illegal status, nor was he able to arrange any cash for the therapy which would have required regular

treatment. Caught up in a difficult and dangerous situation, Malkeet was advised by his housemates to remain at home for some days, as his physical and mental health had deteriorated. His stay in the room coincided with the arrival of one more Punjabi migrant from Malkeet's native place in India. This new person showed brotherly attachment and care for Malkeet. In the course of time, Malkeet's condition improved slightly, creating positive energy and motivation in his body and mind.

Finally, there was that much-awaited turning point in the life of Malkeet. Through one of his African housemates, he became acquainted with a kind-hearted middle-aged German widow with two children. It was not that she herself was very happy, but her need for emotional support could appropriately be bargained for against Malkeet's desire to see the light of day. Cruelty took a permanent retirement from Malkeet's life when this German lady vouched for him, supported him and then tied the nuptial knot, triumphing over all possible legal hurdles to bail this man out of what he describes now as "hell". Blessed with two beautiful daughters and a wife who is like an angel to him, Malkeet thanks God for the turnaround in his life every morning he opens the shutters of his small but very successful record and DVD store near Frankfurt.

#### 4.2.3. Gulshan, 37 years, male

Being one of the most promising state-level hockey players with excellent grades at college, Gulshan seemed well-set for a bright career as a national player. Son of a farmer settled in a small town near the border region of Punjab and Haryana, Gulshan was having a purple patch in his hockey career till that one dreadful day arrived. Coming back home from a routine practice match at a nearby club, Gulshan got the shock of his life when he learned that his elder brother, who had always been supporting him, had been arrested by the police for alleged involvement in terrorist activities. The arrest led to a knee-jerk reaction in the whole family when his parents decided to leave the town overnight to preempt the fear of stigma in the locality. While Gulshan lived with his parents at some relative's house in the neighbouring state of Haryana, his brother spent almost four years in prison. After his release, he did not try to meet any of his family members. Instead, a few months later, he informed Gulshan that he was in Dubai and wanted him to join. Since Gulshan did not have a passport, his brother arranged for him a duplicate passport and visa through an agent. Within a couple of months, he reached Dubai and this is how 37-year-old Gulshan's pursuit of happiness and comfort started.

A graduate in arts, Gulshan managed to find a job through his brother's help and life moved on further in an uneventful manner. Because of his qualification and average English-

speaking skills, he used to work as a bellboy at a decent hotel near the airport. Still looking for better prospects, Gulshan once got the chance to apply for a similar job in Uzbekistan. He was required to send his documents and other credentials for due consideration, which Gulshan did without wasting any time. Hoping to hear from them soon, Gulshan did not know what was in store for him. After a telephonic interview, he finally received a letter of joining from the Uzbek hotel. Although his brother was a little sceptical about this change of work location, Gulshan believed in his instincts and left for Uzbekistan. When he arrived at the airport, he realized that there were several other Indians, Pakistanis and Nepalis who had obtained a similar letter from the same company. Gulshan and the other boys were escorted to a small hotel. Within some minutes of their arrival they were all taken to a big conference room where they were received by a well-dressed middle-aged man. In his opening speech, he made it clear that they would have to work for one specific department in the hotel which dealt in transporting goods from one location to another. Suspecting this to be a kind of shoddy deal, Gulshan and the others wanted to refuse the offer, but they tried in vain. The men addressing them pointed out that it was still better than being in jail for a fake identity. Everyone clearly understood that they were being blackmailed for producing fake documents with their job application.

For months together, Gulshan had to work like a bonded labour with no possibility of any escape route from this rut. He never even tried to contact his brother from shame of his own blunder. After all, it had been his decision to leave Dubai in search of a better future. His anxieties and worries were taking a heavy toll of him now. With a family history of cardiac disorders, Gulshan recalls that he sometimes experienced piercing chest pain when he was working. His employers ensured that he received medical attention under watchful eyes so that he did not reveal any information about the shady business of the organisation. Gulshan's plight was unique in every sense. He worked for these people under compulsion and he could not raise his voice against them because he was quite unsure whether his action would help him in any positive way. Amidst all this, Gulshan was often at the receiving end as far as his health condition was concerned.

Desperate to find a way out of this morass, he eventually succeeded to get in touch with a human-trafficking network which offered to help him. Through this network, Gulshan could manage to fly to a city in Morocco somewhere close to the Spanish border, where he spent several days with a majority of African and even a few South Asian undocumented migrants, all waiting in the wings to enter Spanish territory risking their lives in order to nurture their hopes of living and working there. At that stage, Gulshan also met lots of those illegal

immigrants who had been denied asylum in Germany, France and Italy. When asked about the reasons for their desire to enter Spain with an undocumented status, Gulshan says: “By and large, there is not much of a difficulty for undocumented migrants in Spain. The police do not harass or humiliate such migrants and generally no one is deported”.

As expected, one night, Gulshan along with several other people was helped to reach Spain by some facilitators of illegal migration, who first packed them together in small-sized boats carrying ten to twelve people. Midway between the two coasts, the passengers were tied outside the boats by long nylon ropes and had to cover the remaining half of the journey hanging into the water. Fifteen minutes from dry land, Gulshan and the others had to swim towards the shore at their own risk. Hiding in big vegetable containers was another option which, however, was hardly chosen by anyone due to the high probability of being noticed and caught.

Entering the Spanish territory marked the beginning of Gulshan’s close association with lots of illegal immigrants from Morocco. He spent five to six weeks with several Moroccans who, Gulshan noticed, were at utmost ease flouting laws in Spain. In fact, the kind of freedom and expertise with which these immigrants were flirting with laws along the Spanish-Moroccan border region, nothing seemed impossible for them hoping to break through the geographical barriers. Most of these illegal immigrants of Moroccan descent made their living by black marketing and an active involvement in prostitution. Left with no other option of making some quick money, Gulshan, too, briefly worked as some kind of ‘go-between’ in the flesh trade for some weeks until he met a Punjabi immigrant from Pakistan, who helped him reach the coastal city of Barcelona. Along the beaches of Barcelona, Gulshan used to sell soft drinks, beer and coconuts, occasionally hoodwinking the Spanish police.

Selling beverages on the beach did not fetch enough money for Gulshan primarily because at times he had to remain in the hideout due to his illegal residence status. Sharing a room with eight other undocumented migrants from Pakistan and India on the outskirts of Barcelona was not a very pleasant experience as Gulshan was living with people whose reliability, at times, was highly doubtful. In fact, he recalls that once somebody from their own group secretly informed the police about the hideout. A helpless Gulshan sought refuge in the *Gurudwara* and remained there for several nights. However, his forced stay at the *Gurudwara* led to his befriending some people from his own community in India. Gulshan used to help the *Granthi* by cleaning and washing the dishes during daily *langars* as a return favour. During his conversations with other Punjabi immigrants who had come from Germany, Gulshan could get an idea of life in Germany. He was often told that after a tough initial stage, life could

usually be managed in a tolerable way in Germany. This is when Gulshan made up his mind to move to Germany. Now it was only a matter of opportunity to enter the German territory. The sea route seemed the least risky option as Gulshan was in contact with a network of people who arranged such trips for illegal immigrants. He first reached a small city close to the French-Belgian border from where he crossed over to Germany, hiding in a food container on a truck. Eventually he ended up somewhere in Rheinland-Pfalz. Gulshan was terribly frightened while he was being driven to Germany. His fear got aggravated when he suddenly felt severe pain in his chest which he thought was definitely due to his cardiac disorder. At one stage Gulshan thought that he would collapse due to severe chest pain. “God saved my life”, he says.

On his arrival in Germany, the first thing which his Punjabi friends advised him to do immediately was to see a doctor. Gulshan’s pale face and fragile body were good enough reasons for his friends to take him to an Ayurveda physician of Indian origin who, along with his German wife, volunteers to treat undocumented migrants anonymously. However, as expected, Ayurvedic treatment could not provide sustained relief to Gulshan, causing further deterioration. Considering the legal and health risks involved in Gulshan’s case, two of his friends called an NGO in Freiburg, known for providing medical help to undocumented migrants. The NGO, which has a panel of Bio-medical physicians, asked them to contact a certain doctor near Heidelberg. Gulshan was rushed to that doctor’s clinic. After initial examinations like TMT (Treadmill Test) and Echocardiography, he was diagnosed with unstable angina. While he was fortunate enough not to pay anything for the diagnostic procedures at this clinic, Gulshan’s friends had to shell out almost 200 Euros for medications. Since Gulshan was an undocumented migrant, he could afford to avail of this benefit at the behest of someone’s health insurance card. Therefore, Gulshan’s biggest threat in Germany unfortunately was his own health condition and not the legal system which, he thinks, tends to intimidate trespassers to a great extent.

Advised a complete rest of three months, he could realise that it was not possible for him to do any physical work in order to earn something for his livelihood. Being an educated person, he could evolve new methods of making money. He somehow managed to get a large stock of basic medicines from India and started selling them to all those undocumented migrants who were unable to afford medicines in German pharmacies. Initially, he did not get the desired response, but once a priest in one of the *Gurudwaras* somewhere in the South of Germany recommended Gulshan’s service, the word-of-mouth publicity has worked wonders for him. It has been quite some time since he began selling these medicines for one fourth of the regular

price in Germany, and he still makes sufficient money for his living and his own cardiac treatment. However, Gulshan has one regret, i.e., although his medicines are available at a very low price, the younger lots of this population are more interested in buying local versions of Viagra. Regarding his own motives behind selling these pills, he explains: “Selling medicines is my bread and butter, but these young people should think that the frequent use of such pills can be injurious to their health”. In reply to the question about what keeps him going ahead in life, living so dangerously with a vulnerable health condition and undocumented status, Gulshan quips: “Life without risks is no fun”.

#### 4.2.4. Mandeep, 25 years, female

25-year-old Mandeep eloped with her boyfriend who promised her the earth by painting a rosy picture of life in Italy. She had known him for a long time and had no good reason to disbelieve him. She was totally ignorant about his bad intentions. After all, her faith in this man was unwavering. She took all her jewellery, some money and bid adieu to her siblings and her maternal uncle, whom she lived with. Through a Chandigarh-based agent in Punjab, Mandeep and her prospective husband flew from New Delhi to Italy. However, this could not have happened before Mandeep shelled out a negotiated amount of 20 lakh Indian rupees<sup>16</sup> for a Schengen Visa which belonged to someone else. Her boyfriend supposedly had his own documents.

During this fieldwork research, Mandeep was the only female undocumented migrant not just from India but from the whole of the South Asian region who could be contacted. After initial hesitation and obvious inhibitions, she eventually agreed to talk about her traumatic experiences.

Currently living with an aged German couple near Frankfurt, Mandeep’s best mantra to remain least suspicious and circumspect is to dress nicely, walk confidently and, if possible, never be in the company of fellow-citizens especially if they have a dubious reputation in the eyes of the police and immigration authorities.

Before coming to Germany and living with the above-mentioned couple, Mandeep spent the first few months with her boyfriend in Italy after they had left India. Much to her dismay, it soon transpired that her boyfriend, who had claimed to be working as a mechanic for a well-known firm in Italy, had been deceiving her. In fact, he was known to be a garbage man amongst his other Indian and Pakistani friends, and collecting huge garbage bags and dumping them at the recycling unit was how he spent his days. With his limited Italian

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<sup>16</sup> Currently approximately 31 000 Euros.

language skills, he could hoax Mandeep into believing that he had a decent job. Actually, her boyfriend was a school drop-out whereas Mandeep had the distinction of having completed her studies at a Punjabi-medium school.

For some months, Mandeep got carried away by a film-like drama and twist in her life as everything took a back seat to love and sacrifice for her partner. Furthermore, she also realised that it was she that had decided to elope with this man. Her boyfriend's working as a garbage man was not as disturbing as the sudden change in his behaviour. From the first day onwards, Mandeep was treated more like a maid-servant. Besides doing all the household work, she was expected to take the best care of his sexual needs even when he beat her up black and blue, especially when he was heavily drunk. At that stage, it was difficult for Mandeep to understand the nature of their relationship. The kind of treatment meted out to her made her feel like a slave. "I thought I was like a bonded labour. I could not complain with anyone for his bad behaviour because I myself did not have legal papers for my stay in Italy. I had no idea as to what should I do", she describes her dilemma.

Being a helpless and hapless girl so far away from her home country at the whims and mercy of someone who only knew how to ill-treat her, Mandeep was waiting for an opportunity to get out of this rut. Meanwhile, she continued to face some more ugly situations when her boyfriend invited two of his friends to share the apartment. The only time she felt comfortable was when she was left alone in the kitchen in order to prepare food. When together, the three men would drink non-stop for hours, watch porno movies, and ask her to cook for them. Mandeep was often forced to have sex with them in a manner which by no stretch of imagination can be termed as 'safe'. In spite of repeated requests for the use of contraception, Mandeep was told that intercourse could never be so much of fun with condoms. By then, she had almost got used to this barbarism. "I often used to wonder if I had any good relationship with this man", she speaks with tears rolling down her cheeks.

In fact, at this stage, Mandeep had realised that it was too late for reconciliation, especially as she was all alone fighting a worthless battle. During this ugly phase of her life, she could somehow win the trust of one of the men staying with them who offered to help her. One day, in the wee hours of the morning, Mandeep managed to escape from the clutches of her boyfriend and straightaway adjourned to the nearest *Gurudwara* in the city area in order to seek refuge there. Now she was at a place where she could speak freely without fear because the *Granthi* of the *Gurudwara* not only listened to her whole story but also promised to bail her out of this trouble. Her stay in the *Gurudwara* brought a lot of relief to her as she felt very

safe and secure in the company of the *Granthi* and other elderly people who would visit the *Gurudwara* from time to time to console her.

Since the *Gurudwara* was a place not likely to escape police intervention for too long, Mandeep was suggested to live with a certain family consisting of people of Italian and German origin. Following the recommendation of one elderly Indian couple with good rapport with local people in that city, Mandeep could come in contact with the aforementioned family. Advised to undergo a complete change of hairstyle and to underline her natural resemblance to Italian women, Mandeep adopted an entirely new get-up. With her limited English language skills, she could baby-sit two small children in the family. In return, she would get a little money, a small room to live and the most important thing - safety, at least for some time. By then, this family was also aware of her undocumented status. Hardly was Mandeep beginning to feel comfortable, when one day, she experienced unbearable pain in and around her abdomen. She knew that if she was taken to a hospital, she could be in trouble due to her illegality. Refusing to take any incalculable risk, she just resorted to some self-medication method in order to curb her pain.

Mandeep was fast getting used to working and living in pain. “I had this gut feeling that there is definitely something wrong, maybe a really serious problem, but I was too scared to go to see a doctor and I would just manage to neutralise my pain by taking some pain-killers”, she describes her allayed fears at that stage.

Since Mandeep was still in touch with the people she had met at the *Gurudwara*, she got to hear of a distant cousin residing somewhere in South Germany. All she could find out was that her cousin owned a small grocery store there.

Haunted by the possibility of being identified and arrested in Italy, Mandeep decided to visit her cousin in Germany. The family with whom she was living volunteered to drop her somewhere near her destination. They also gave her the address of one German family associated with an NGO working for the cause of illegal immigrants under the famous slogan *Kein Mensch ist illegal* in Cologne. Mandeep has not yet forgotten the kind of abdomen pain she experienced while travelling to Germany with this Italian family. Even the pain-killers proved ineffective but Mandeep tried to endure her anguish as she did not want to bother this kind and helpful couple. On reaching Germany, Mandeep called her cousin who was more than shocked to know that she had come so far from India with fake travel documents. Initially reluctant to meet her immediately, he finally asked her to come to one South Asian store in the hub of the city. As directed, she went to the agreed meeting point and anxiously



waited for him for two long hours. Finally, her cousin came, and after listening to her woeful story he was ready to help her.

To begin with, Mandeep's cousin was very supportive especially in assisting her with seeking medical attendance with respect to her frequent abdomen pain. The doctor who used to treat Mandeep under the medical insurance coverage of her cousin confirmed that she was suffering from a sexually transmitted disease called Chlamydia, a condition which does not necessarily show any symptoms. However, the long-term irritation resulted in an inflammation of the pelvic organs (PID = pelvic inflammatory disease), causing lower abdomen pain. Mandeep's condition was nothing less than alarming or even life-threatening. She was less surprised and more worried about her state of health at this stage. In fact, she had anticipated something of the kind to happen sooner or later due to those unsafe forced sexual encounters in the past.

Mandeep was faced with the dilemma of deciding whether to be a burden on her cousin any further or to just move out looking for some other refuge, possibly at the German couple's place in Cologne. Her quandary increased after her cousin learnt about her medical condition through the treating physician. Relying on her good rapport with the Italian family, Mandeep resolved upon taking the help of this Cologne couple whose contact details had been given to her. As expected, they volunteered to assist Mandeep with all possible medical treatment. Mandeep says that she has no idea how things were arranged for her, but soon she could start receiving proper medical treatment under the watchful eyes of this couple. During her treatment process, she could get a chance to see several other women of African origin benefiting from this voluntary medical care.

Mandeep's health returned to normalcy after a regular treatment of two to three months. During the period of her treatment, she stayed in an old building with other undocumented immigrants of different nationalities. "The place was like an ashram where I never felt loneliness. There were lots of people with whom I used to chit-chat. I felt quite comfortable there", she remembers with a glint in her eyes.

After Mandeep's treatment had been completed, she was visited by the couple from Cologne who offered her shelter in their residential apartment. She was more than happy to go with them. Since then, Mandeep has been living with this family. Now, after more than five years under their guardianship, Mandeep takes care of all the household work and is treated like a family member. Lately, some sort of application related to the legalisation of her stay in Germany has also been filed by this couple. There are even more people in their network who are trying to support Mandeep in all possible ways. She earns a reasonable amount of money

baby-sitting for various families in the nearby vicinity, but not without the recommendation and influence of the people she is staying with. If Mandeep has finally been able to find peace, it is all due to some good luck and the selfless behaviour of others.

#### 4.3. Analysis

Contrary to the popular perception of 'security' being the major reason for seeking refuge abroad, the life histories of these undocumented migrants underline job, money and relationship as main motives for coming to Germany. Although in the cases of Gulshan and Manjeet, the decision to abandon their homeland was very much influenced by the bizarre social situation in Punjab during the years following the 1984 communal riots. However, their ultimate arrival in Germany cannot be attributed to security reasons. In fact, the protection of life is secondary to their desire to find an escape route from the precarious situation they have ended up in due to their own risk-taking tendencies. Similarly, Malkeet's life history, which traces events from a foreign land itself, also smacks of his misadventures in search for a better life. These migrants' precarious and risky behaviours coupled with hasty decisions resulted in isolation and a prolonged confinement, where their lives and health were in constant peril. So the logic of leaving India for security reasons stands defied to a great extent. Shubha Singh (2005:10) presents a true account of the prevalent motives among Punjabi immigrants who decide to leave their homeland for other countries. He reveals that these people belonging to small villages in Punjab embark on such a journey with the sole purpose of making money abroad after selling their agricultural land and mortgaging property and jewellery. In fact, Singh's observation about these Punjabi migrants reaching foreign land due to complete misguidance by local travel agents who offer fake documents constitutes another widespread practice highlighted through the life histories at hand.

Since the very beginning, these undocumented immigrants had been completely relying on illegal means vis-à-vis their travelling, in spite of considerable expenses. Illegality comes into play because for them everything takes back seat to their desperate attempt to go abroad, work and earn foreign currency as quickly as possible at the cost of risking their lives and legal status. These Punjabi migrants may have had failed attempts of seeking asylum in other countries before entering Germany. Their irregular status is not a result of any administrative lapses, but something which has stemmed from their choice of resorting to illegality.

The dangerous patterns of these migrants' movements clearly indicate that they have never passed through any medical screening procedure at any stage, especially after leaving India. The use of fake documents to travel from one country to another suggests the assumption that they may as well have forged their medical fitness certificates without actually undergoing the

procedure. Such tendencies are very common among this population as they attempt to avoid as many formalities as possible.

One subgoal of this research work has been to examine the distribution of ailments and illnesses among undocumented immigrants. These life histories provide valuable insight into this group's state of health. Most of these people have spent large parts of their undocumented lives in seclusion, which has adversely affected their physical and psychological state. While physical complaints are accidental in nature, psychological disorders like depression, anxiety, fear psychosis, public phobia etc. have continuously been denting their hopes of leading a normal life without humiliation, discrimination, and feelings of guilt. Several researchers have called attention to this prevalence of mental stress and psychosomatic disorders among this population group (Alt 1999; Anderson 2003; Huschke 2009). It is, however, rather ironical that these migrants expect to lead a normal life without any social stigma and emotional trauma when they themselves have volunteered to go on such a journey full of illegal means.

Although the interviewees were supposedly jobless, having no link with any of their friends or relatives, they somehow could mobilise their undisclosed resources to arrange money, medicines and other things like medical insurance cards to deal with their health problems in cases of emergency. This relative success keeps them going on and on, dreaming about a life in legality and getting motivated by their own attempts in trying to handle the respective situation. Malkeet's life history is a perfect example in this context. He did not stop nourishing his dream of a legal status until he found someone who dramatically changed the course of his life.

Common complaints about body pains and sleep disorders can in many cases be considered the result of the immigrants' vulnerable physical and psychological condition. Being away from their family and relatives and living such an incalculable life of alienation and prolonged confinement naturally affects their psyche. And when the point is reached when their health needs some attention in a country like Germany where the legal system does not seem to have any prominent loopholes, access to medical care becomes a contentious issue. These life histories suggest that the legal situation concerning undocumented migrants' right to healthcare is quite dismal. While Mandeep being a female used her hapless situation to evoke the desired sympathy and compassion in order to deal with her torturous mental and physical condition, all other male interviewees desperately resorted to their own methods and ploys to handle their health disorders. Everyone admitted to the key role of self-medication; other options like borrowing someone else's health insurance card, cash-basis medical care and

even approaching charitable organisations were also tried, depending on the immigrants' opportunities to leave their hideouts.

Undocumented migrants' reluctance to get admitted to a public healthcare centre or hospital was something which was commonly indicated or confirmed by these people. Scott (2004: 23-24) explains that this population is haunted by the possibility of deportation during hospitalisation because the overall cost of arranging deportation after the treatment is usually a less expensive proposition than the prolonged medical treatment and hospital stay. This notion seems to have been clearly understood by these Punjabi undocumented migrants as well possibly either due to their past experiences in other countries or through word-of-mouth warnings of friends who were already living in Germany with or without documented status.

While Mandeep was more concerned about her emotional well-being than about other needs, the male migrants vaguely tried to shed their depression and anxiety through sex-based adventures. Even such behavior is justified in a sense that the prolonged suppression of sexual urges is commonly considered to heighten depression, as also experienced by some of the interviewees. However, regarding the safety vis-à-vis sexual practices, there is a great deal of ambiguity involved. Some of the migrants interviewed have admitted being too rash and casual when indulging in sexuality, others do not show any conviction in using any safety methods. Furthermore, the element of gayness comes to the fore due to the lack of interaction with female members of the population, along with a growing inclination towards cheap versions of libido-enhancing pills. These findings regarding the phenomenon of homosexuality, the immigrants' casual attitude towards sexual activities, and risky habits like the use of the aforementioned pills by younger males could not be part of any research work in the past. With the sole exception of Nijhawan's study (2005), the focus has mostly been on the legal aspects of these immigrants' lives.

My case studies also heighten what Alt (1999) writes about the psycho-cultural background of immigrants in Germany. He contends that the culture-driven perceptions and behaviours create problems for these people not only in communication but also in acclimatising to the German society and psyche. In case of these Punjabi undocumented migrants, the problem in getting used to German society gets further compounded by their illegal status which is evident from these life histories.

Similar to what Nijhawan observed, these life histories underline the importance of the *Gurudwara* as a place of shelter and a contact point where all Sikh immigrants can have comfortable access to essential sources of food, social support, work opportunities and even medical care (Nijhawan 2005: 281). All the migrants interviewed during this fieldwork

project sooner or later encountered situations where they could in one or the other way benefit from the social networks established through the *Gurudwaras*. In the case of Manjeet, religious engagement in the *Gurudwara* allowed him to regain his peace of mind. Community life and interaction with others helped him cope with the adverse circumstances he was faced with. Gulshan also sought refuge in the *Gurudwara* when he had to leave his hideout in Barcelona. Conversations with other immigrants to a large extent influenced his decisions regarding his future plans. Later, after his arrival in Germany, Gulshan's connections with the Sikh priest of the *Gurudwara* proved to be highly advantageous in terms of his career in selling medicines. Without the *Granthi's* promotion, Gulshan's business idea might not have been such a great success. Mandeep, too, received valuable support from the community at the *Gurudwara* when she was in need of a place to stay after getting away from the abusive relationship she had with her boyfriend. The feeling of security and the caring behaviour of others gave Mandeep new strength and energy. Further, through these contacts it was possible for her to get in touch with a family who was willing to provide her with lodging. For all these undocumented immigrants, the *Gurudwara* was an essential factor in their effort to manage life in illegality. These findings are also in line with the observations of Münz et al. (2001) who point out the key role of ethnic and social networks in the context of illegal immigration. In particular, they argue that access to the labour market is in many cases facilitated through these communities. Further, in case of illness, such networks at times make it relatively easy for undocumented migrants to arrange health insurance cards belonging to other members of their ethnic group, which enables them to receive free medical treatment.

The direct interaction with these undocumented migrants helped in getting the first interpretation of this population about various aspects of their illegality including their health status and risky behaviours. This definitely gives credence to what has been observed and found during this fieldwork research.

As one would expect, illegality remains the main stumbling block for these people, especially when they wish to access healthcare systems in Germany. Like most undocumented immigrants in such situations, the respondents are faced with a dilemma. These life histories show that the migrants' desires to get help from other people often clashes with their suspicious behaviour. Their lack of trust in others is quite obvious as they have never stood too far from being identified and nabbed by the police or immigration authorities. This also explains why all these undocumented immigrants' dreams of a legal status hinge more on their destiny than their attempts.

## **Chapter 5 -Consequences of the lack of medical care for undocumented migrants**

The following will be an attempt to give an overview of the most striking consequences of the lack of medical care for undocumented migrants. Further, it will be examined in how far the results of this research project are in accordance with findings from previous literature.

### **5.1. Delayed treatment and the spread of diseases**

As undocumented immigrants frequently tend to delay the visit to the doctor's office, their state of health in many cases runs the risk of worsening. Serious medical conditions, such as cancer, can sometimes not be detected in time due to the lack of regular preventive check-ups. This may entail life-threatening implications for the patient, as well as an increase in the costs of treatment. However, not only the undocumented migrant's health, but also the health of other fellow beings is at stake. Instead of recovering, these immigrants sometimes continue with their daily work where they are in contact with other people. These circumstances may encourage the spread of contagious diseases, which, obviously, can be very dangerous for society (Wiedl/Marschalk 2001:17). Therefore, at least the implementation of one-time comprehensive examinations, as suggested by one physician during the interviews with several healthcare professionals, would be highly advisable in order to ensure the protection of the host society's overall health.

### **5.2. Situation of women**

During this fieldwork, only one female immigrant could be contacted. So, the complex of problems relating to the health of illegally residing girls and women could not be given enough attention. However, it cannot be neglected that female undocumented migrants often face adversities different from men's experiences and find themselves in desperate straits.

The situation of pregnant women is particularly intricate. There are a number of studies which suggest a high rate of miscarriage, premature birth, and infant mortality among undocumented mothers (Castañeda 2008:182). Besides the lack of prenatal care and regular medical examinations, there is the problem of delivery. These women are forced to take extremely difficult decisions related to the place and circumstances of birth. In addition to the options of abortion, giving birth secretly, delivering the baby in the respective home country, or doing it openly in a German hospital with the risk of being deported afterwards, women can also choose to give birth anonymously at certain clinics. Anderson (2003:67). mentions the example of a hospital in Schwabing near Munich. However, it is required to put the child up for adoption afterwards

### 5.3. Costs of treatment

The defrayal of costs is at times a rather problematic issue. If the patient does not have sufficient financial means to pay for the treatment in cash, the hospital or the doctor is left with the debts and has to find a way to settle the bill. They might, for example, ask for money from welfare organisations, foundations, or the like. If a hospital requests the social welfare office to meet the costs, the latter will inquire about the patient's residence at the registry office. In the case of undocumented migrants, who obviously, are not registered, the social welfare office will not pay (Fodor 2001:163).

Alt (1999:173) mentions that there are some practitioners who try to take advantage of their patients' helplessness and charge excessive fees. This, however, does not seem to be a very widespread practice. But even if most of the doctors demand standard prices, undocumented migrants are in many cases not able to raise the necessary funds. Flat rate payment is quoted by Anderson as one of the prevalent methods of cost settlement (Anderson 2003:39). Sometimes, patients are also successful in negotiating reduced rates or payment in instalments (Bommes/Wilmes 2007:77). Doctors that work at the behest of NGOs normally charge no money or an amount which is negligible. These non-governmental organisations, however, are not able to guarantee adequate health care as they mostly are insufficiently funded (German Institute for Human Rights 2007:2).

In this context, the need for in-patient treatment can pose a serious problem. Stobbe (2004:124) reports on cases where clinics were not ready to treat patients unless the problem of cost settlement was resolved.

As can be clearly seen, the financial factor sometimes turns out a stumbling block to proper medical treatment. The immigrants interviewed during this fieldwork also confirmed a general shortage of money due to the obvious denial of permission to work. They either ask their friends for help or try to find other undisclosed ways of arranging money if the practitioner is not willing to give a discount or in case the purchase of the prescribed medication proves to be too expensive.

### 5.4. Self-medication

Regarding these immigrants' strategies in accessing medical care and regaining their health, it has often been stated that self-medication is one of the most common practices among this population. As long as a visit to the doctor's office can be avoided, illegal residents generally prefer to treat smaller medical problems themselves. According to Alt, most migrants take an ample supply of medicines with them when leaving their country of origin (Alt 1999:172). The results of my research project confirm the suggestion that most undocumented migrants

are well stocked with various pills and tablets which can be used in case of minor ailments and moderate pain.

Alt further notes that sometimes these people even see themselves forced to resort to rather harsh measures, such as tooth extractions at home (ibid.). Even though none of my respondents told about any methods of this type, it is well imaginable that, in an emergency, such things might be tried in order to avoid hospitalisation.

#### 5.5. Medical treatment outside Germany

Alt also mentions the alternative of a return transport to the home country in the case of serious illnesses or injuries (Alt 1999:174). If the patient is in possession of medical insurance in his country of origin, treatment can be carried out there. This option, however, seems rather inconvenient and probably is most often difficult to put into practice. Such a journey is only possible if the patient's condition still allows him to travel and if the costs of the enterprise do not exceed his means. And even then, a hazard-free voyage out of and back to Germany may not be feasible due to the lack of documents (Stobbe 2004:125).

Comparatively low-priced treatment options are available in Poland and the Czech Republic (ibid.). Illegal residents who have sufficient money to pay for the trip and the therapy may also consider going there in order to avail of healthcare.

#### 5.6. Borrowing of insurance cards

The borrowing of other people's health insurance cards seems to be a very popular practice among illegal residents. When seeing a doctor, they use the cards of friends or relatives (Fodor 2001:162). This can be risky for both the card's owner and the patient. The treatment, for instance, might not be adequate as it will be tailored to the card's owner's medical history. Further, if the attending practitioner knows and remembers the actual card owner, the latter's practices will be revealed (Anderson 2003:35). If the insurance company notices any striking inconsistencies such as repeated appendectomies, they will most likely try to clear the matter up (Stobbe 2004:121). This might, obviously, land all the parties involved in difficulties.

The migrants interviewed during my fieldwork also admitted to this tactic of borrowing others' cards. In most of the cases, they were successful and did not run into any trouble. They revealed that some doctors are actually fully aware of their patients' ploy and turn a blind eye to such behaviour. Similarly, Stobbe (2004:121) observed that undocumented migrants are at times even advised to resort to this strategy.

Anderson suggests that patients might also make use of forged medical insurance cards. At least in certain cities there seem to exist markets for fake insurance cards. He brings in the example of Munich, where the trade with mock insurances is flourishing (Anderson 2003:24).



### 5.7. Demand for NGOs and private initiatives

One of the obvious consequences of the lack of healthcare on the part of the German Government is the requirement for non-governmental structures to look after the health of undocumented immigrants. Such organisations can basically be considered illegal according to the legal framework in Germany. However, their work is generally tolerated by the authorities as the state is able to shift its responsibilities to private initiatives, while evading paying for the treatment of undocumented residents. Two advantages for the Government become obvious: it does not have to absorb the costs of medical care for this segment of the population and at the same time, the protection of society's overall health is ensured to a certain extent, at least in theory (Scott 2004). The success and effectiveness of such organisations' commitment is, however, limited. Most often, they do not have the necessary means to provide an adequate level of healthcare on a continuing basis. Serious difficulties arise especially in the case of chronic diseases, dental care, psychological disorders, medical specialist care, severe infections, and in-patient treatment (Münz et al. 2001).

Such circumstances put immense pressure on the staff of these NGOs who try to compensate for the insufficient provision of healthcare services for undocumented immigrants.

## **Chapter 6 - Ways to improve healthcare for undocumented migrants in Germany**

Based on semi-structured interviews with several healthcare professionals and social workers, this chapter includes suggestions for the improvement of the situation regarding undocumented migrants' access to healthcare services. With reference to sub-questions six and seven, the position and agenda of individuals who espouse the rights of this population group will be presented in the following paragraphs.

### 6.1. Interviews with healthcare workers

49-year-old Dr. Andreas L. renders his voluntary medical care to people irrespective of their legal status at the behest of *Medinetz Mainz*. Speaking with an air of nonchalance, he shares the popular notion of the medical fraternity and other social organisations about healthcare rights of undocumented migrants. "Why should someone be deprived of his right to seek medical care due to his illegal status?" he questions and then emphasises that the doctor's primary task is to identify the ailment and cure the same. Dr. Timo H. and his wife Anne, who are part of the *Büro für Medizinische Flüchtlingshilfe* in Berlin, working under the slogan *Kein Mensch ist illegal* strongly advocate that it is for the Government to ascertain the legal status of an individual and that a patient's illegal status should not have any bearing on a physician's duty. Most of the doctors and social workers involved with NGOs and private initiatives

committed to serving undocumented migrants argue that, when the Government knows that there is a certain population of such people residing in Germany, at least the access to medical care should be hassle-free. If this population is denied access to healthcare, the overall health of society is sooner or later bound to become vulnerable. “After all, don’t we know that these people provide a cheap labour force to the country in some or the other way?” says one Göttingen-based gynaecologist on the condition of anonymity. The argument regarding access to healthcare makes sense because most undocumented immigrants rarely undergo any medical examination before entering Germany. And in order to rule out the spreading of contagious diseases through them, it is imperative for the Government to let these people have access to medical care.

With respect to the legal situation, one of the most problematic matters which healthcare professionals interviewed make reference to is the ambiguous nature of §96 *Aufenthaltsgesetz* (cf. chapter 3). There is general consensus among all doctors and social workers that medical staff should be conceded total freedom and discretion in treating a patient irrespective of his or her legal status. “The medical fraternity should not be made scapegoat for these legal ambiguities”, believes Dr. Jürgen B., who is one of the doctors on the panel of *Café 104* in Munich.

Another issue raised during the interviews was the funding of these immigrants’ medical treatment. Leave aside having enough funds, even having adequate funds for the treatment of undocumented migrants is more than a contentious issue in Germany. According to Dr. H. from *Medinetz* in Baden-Württemberg, there are often fake claims by some healthcare units, charitable medical care centres and church-sponsored social organisations to have funds for the treatment of undocumented immigrants. In fact, most of the doctors and social workers share Dr. H.’s view that firstly there are hardly any funds for such a cause and if whatever skeleton resources of funds are available, there are too many legal hassles in having access to this money.

One doctor who once a week provides free service for undocumented migrants in his clinics in Heidelberg and Mannheim makes an honest confession. He reveals that he offers consultations, medical examinations and even certain diagnostic procedures. However, there are some very costly diagnostic tests and procedures for which he has to resort to the ‘reduced rate’ medical care option. And this is where he feels that some charitable trusts and church-sponsored medical units should come forward and be accountable and compassionate towards these people.

There is also one school of thought which believes that with the exceptions of Berlin and Cologne, the concept of charitable medical care for undocumented migrants is either still in an embryonic stage or just an eyewash. Ms. Eline S., a medicine student and social worker with a private initiative in Stuttgart providing free healthcare, offers a somewhat pragmatic suggestion. She strongly believes that there should be a crystal clear policy on cash-basis medical treatment for this population without any identity verifications so that at least those who can afford to pay benefit from the policy and the issue of funds will be taken care of at least in their individual cases.

Another interesting argument favouring the improvement of healthcare for undocumented immigrants is that, if these people's health condition is actually a matter of any concern for the German Government, the concept of anonymous health insurance cards or certificates should be introduced. "There have been instances of undocumented migrants being identified and arrested from certain healthcare centres", Ms. Eline S. reminds and then explains: "This is one reason why illegal immigrants have failed to avail of these benefits meant for them in the case of emergencies". She echoes the sentiments of several other social workers and doctors protesting the arrest of any undocumented migrant at health centres or clinics.

Dr. Jürgen B. puts forward another idea with regard to the extent of medical care for undocumented migrants. According to him, they should at least be allowed to undergo a comprehensive medical check-up in Germany irrespective of the circumstances of their entry and residence. Even if these people were medically examined only once, it would enable doctors to diagnose symptoms related to deadly contagious diseases and recommend treatment accordingly, thereby minimising the risk of further infections through this population group.

Dr. Georg S., whose clinic is on the panel of some NGOs referring undocumented migrants to him especially for the treatment of contagious diseases, has a slightly different story to tell. "Actually, as per the German law, there is supposed to be absolutely free treatment for infectious and sexually transmitted diseases for illegal and undocumented migrants", he says before quickly pointing out that the problem lies within the mindset of these immigrants because they hardly trust anyone and consider such provisions a ploy to nab them in the garb of free medical care policies.

Dr. Stefan P., practicing in Essen, had a strange experience with one South Asian undocumented patient. This patient was brought to his clinic with an advanced-stage STD. On the insistence of the doctor, he was admitted to a nearby hospital for comprehensive treatment. During the hospitalisation, the patient did not face any situation which would have

disclosed his real identity. In spite of all this, he sneaked from the hospital without informing anyone. Later on, some of his friends admitted that the fear of being identified by the police forced him to behave like that. Henceforth, what these doctors are trying to suggest is that even if medical care is made accessible to this population, regular counselling is needed to instil the required trust and confidence in the minds of these migrants. They should be encouraged to counter their fears thereby establishing faith in a system controlled by people who want to help them. On the promise of anonymity, they should be enabled to benefit from such counselling sessions.

One German homoeopath of South Asian origin, Dr. Roger T., who practises near Fulda, scoffs and mocks at the kinds of claims made by several NGOs and charitable organisations on their websites. Some of his patients have complained that doctors overcharge them, especially when they realise that the treatment is going to be funded either by the health insurance company or a charitable trust. This discourages even those patients who can pay cash to receive medical care, thereby causing a delay in their treatment and inviting serious risks to their health.

Part of a social organisation called *HUMA (Health for Undocumented Migrants and Asylum seekers)*, Dr. Peter S. from Worms has been primarily attending to mentally ill undocumented migrants needing a sustained period of treatment. However, he regrets that the therapy often gets discontinued because his patients do not feel safe visiting him on a regular basis. He cites an example of how an undocumented migrant's abstinence from seeking regular treatment can sometimes prove to be suicidal. One of his patients who needed to come to him consistently for his mental problems, lost touch with him due to monetary and legal constraints including the suspected police observation. The patient did manage to see another doctor near Stuttgart after some time and was diagnosed to be in a terrible mental condition. He needed urgent shock treatment, which could not be made available to him adequately due to his irregular visits, leading to his sudden demise.

## 6.2. Summary: Recommendations and suggestions

These interviews with health professionals and social workers underline three important aspects necessary for the improvement of healthcare for undocumented migrants in Germany: the introduction of anonymous health insurance certificates, the setup of funds, and the commitment of various non-governmental organisations.

### 6.2.1 Anonymous health insurance certificates

If healthcare for undocumented immigrants is a serious concern for the Government of Germany, then the concept of anonymous health insurance certificates should be introduced.

Since these migrants are physically part of the social fabric in some or the other way, medical care is bound to be an essential need for them even if these people remain in prolonged confinement for an indefinite period of time. During this fieldwork research, it was evidently clear that undocumented migrants resort to different methods and ploys in an attempt to avail of healthcare. They try everything from using a friend's health insurance card to even arranging forged insurance cards (Anderson 2003) in a bid to receive medical care. Such a misuse surely leads to a dismantling of healthcare systems along with a misappropriation of funds and some people gaining undue advantage of the situation. Besides, if an undocumented immigrant agrees to pay cash for the treatment, he might end up being overcharged by the doctor as there is neither any hard and fast rule regarding the medical fee nor is there any official obligation to have transparency with respect to these costs. Patients with undocumented status have no choice. They would either use somebody else's insurance card or pay more than actually needed for the treatment. If something like an anonymous health insurance certificate was available, medical care for undocumented migrants would be streamlined effectively, preventing the misuse of healthcare systems and minimising the risk of contagious diseases spreading over the country through this population. Spain and Italy are examples of countries where an anonymous health insurance system has yielded good results (Beckers 2006).

#### 6.2.2. Funds

The allocation of adequate funds by the Government for the medical care of undocumented migrants could allow a significant improvement in the overall healthcare situation of this population. Equally pertinent is the fact that if there are less legal constraints and complications in accessing the existing funds meant for the treatment of these people, the issue becomes less contentious for the Government, voluntary healthcare workers and charitable organisations. Healthcare professionals and NGOs have often complained that there were either insufficient means or too many restrictions in using the available funds for undocumented patients needing hospitalisation or a comprehensive level of medical care. Almost all NGOs providing free care to illegally residing migrants invite donations by people, which is a clear indication that their services are heavily dependent on such sources of funding. There are even inadequate funds for the treatment of contagious diseases, treatment of which is supposed to be free of cost as per the German law.

#### 6.2.3. Non-governmental organisations (NGOs)

Although there are approximately 20 registered NGOs in Germany which provide medical care to undocumented migrants and refugees either free of cost or at a reduced rate, adequate

treatment cannot be ensured. If some of the healthcare workers interviewed are to be believed, there is more to it than what meets the eye. All these NGOs have a panel of doctors who treat undocumented people anonymously. Although the confidentiality of such patients is usually maintained, the fear of facing legal implications still haunts them. It is therefore imperative for the Government to allow a fair amount of freedom to all these NGOs and social organisations so that they continue their voluntary care for this population. The criminalisation of assistance to undocumented residents, resulting from §96 *Aufenthaltsgesetz*, needs to be abolished. Besides, if possible, the Government should actually render financial aid to voluntary organisations and healthcare workers so that undocumented migrants are not devoid of healthcare facilities.

#### 6.2.4. Further research

There is not an iota of doubt that the issue of healthcare for undocumented migrants is of paramount importance for several reasons. Past studies have heightened the importance of this subject. Further research is required to broaden our knowledge regarding the living conditions and health situation these people are faced with. The nature and distribution of illness still needs to be explored in detail. For this purpose, fieldwork should not be limited, neither to specific locations such as urban areas nor to single ethnic groups.

What has been found most wanting so far is the direct interaction with this population encountering problems and constraints vis-à-vis accessing medical care. Many researchers have either knowingly or unknowingly desisted from a direct contact with these migrants when trying to study problems and health-seeking behaviours of such people in accessing medical care. This is understandable to an extent as undocumented migrants lead an isolated and alienated life due to illegality and so the immediate contact involves a certain risk. However, refraining from making a direct contact with such illegal immigrants does not give more credence to new findings, especially if they are based on assumptions and speculations of those who prefer to choose literature-based research to evaluate their hypothesis. In other words, human behaviours and their problems can best be analysed in a rational way when the people in question are also involved. This is where the challenge of studying undocumented people's healthcare needs and health-seeking behaviour can generate new and interesting findings. New initiatives should be taken with a broader perspective and without limiting ourselves to our individual research objective. Such attempts will surely lead to better understanding of the problems concerning the healthcare needs of undocumented immigrants thereby creating grounds for the improvement of medical care in some or the other way.

## **Conclusion**

The main aim of this research was to analyse the situation of South Asian undocumented migrants with regard to their access to the healthcare system in Germany. The focus, here, was on the limitations these people have to face, as well as their strategies in trying to avail of medical treatment. Both the questionnaires and the interviews have yielded a number of interesting results which suggest that healthcare for undocumented migrants is far from being adequate.

Regarding these South Asian immigrants' entry into illegality and their motives for seeking refuge in Germany, what is noteworthy here is that there is a clear defiance of 'security' being the sole reason for emigration. Employment, money and relationship were found to be the main motives of this population to break through geographical barriers in order to enter Germany. For these migrants, the protection of life is secondary to their ardent desire of going abroad for materialistic reasons.

The case of these Punjabi undocumented immigrants indicates that they heavily rely on illegal means and methods when crossing the borders of a foreign country. As they do not shy away from using fake documents to travel from one country to another, one might be inclined to assume that these people may as well have forged medical fitness certificates without actually undergoing the procedure. This is where undocumented migrants' access to healthcare in Germany needs to be facilitated in order to minimise the risk of contagious diseases spreading throughout the nation.

A large proportion of this population suffers from anxiety, fear and immense stress. This observation corresponds to the findings of several researchers such as Alt (1999) and Anderson (2003). Of course, this dismal psychological state is an outcome of these migrants' living conditions and their prolonged isolation. Among several reasons for their poor mental health, jealousy is a relatively new factor. When someone from within the group of undocumented migrants openly talks about his chance of obtaining a legal status forget about actually attaining it, the other housemates sulk into immediate depression due to jealousy. This is understandable as almost every one of these undocumented migrants is actually waiting to escape the awkward position they are in.

Strong feelings of guilt combined with constant self-stigmatisation cause extreme emotional distress for these immigrants. The loss of self-esteem and deepening inferiority complexes have a damaging influence on their mental condition. Alcohol abuse, casualness in sexual behaviours and concealment of their contagious ailments speaks as much about their frustrations as about their difficulty in finding a reliable source of medical care.

With respect to the physical health of this population, one of the alarming developments discussed openly with some of the interviewees is the high degree of ambiguity vis-à-vis their sexual practices. Equally interesting is the element of gayness gaining ground due to lack of interaction with female members of the population, along with a growing inclination towards cheap versions of libido-enhancing pills, which pose a potential threat to the health of these migrants. Such findings might serve as an inspiration for future research. Especially the neglect of safe sex and protection, which appears to be a widespread phenomenon, hints at the extent of immeasurable health risks. It is obvious that such behaviours add to the prevalence of sexually transmitted diseases. Informative observations might be made through the examination of the interplay of undocumented residents' living conditions, their sexual preferences and inadequate medical services in case of venereal diseases and in particular HIV, whose therapy is not paid for by local health authorities according to *Infektionsschutzgesetz*.

A qualitative analysis of health-seeking behaviours shows that these are primarily determined by the kind of circumstances this population is faced with at the time of seeking medical care. While self-medication is still the most feasible option to deal with health problems, undocumented migrants do try other options like borrowing someone else's health insurance card, cash-basis medical care and even approaching medicine students, pharmacists, charitable healthcare units or private initiatives. However, this also depends on the opportunities they get to come out of their hideout. Henceforth, it is not the urgency of these people's health disorder, but the chance of seeing a doctor which helps them seek medical care. When it becomes unavoidable, consulting a physician is tried with lots of caution. Whether this physician is an independent doctor or someone affiliated to an NGO or private initiative is not as significant as the reference by a highly reliable friend. Admission to a public healthcare centre is the last option on the minds of these people due to a high probability of being identified and caught. The comparison with previous literature makes it clear that the health-seeking behaviours and strategies identified during this fieldwork are very common among undocumented migrants (Alt 1999; Anderson 2003, Münz et al. 2001; Stobbe 2004). This reinforces the validity of the findings of this research project.

Amidst all the constraints and limitations regarding the access to healthcare, these undocumented immigrants are constantly in two minds i.e. whether to take help from other people or to remain suspicious about them. Their fate hangs in balance due to such complexities and dilemmas.



One of the grave consequences of lack of medical care for this population in Germany is the magnitude of risk which the undocumented migrant's health as well as the host society's health may be exposed to. There are no regular check-ups and treatment is often delayed, which can result in an aggravation of the patient's condition. Public health is at stake in the case of contagious and life-threatening diseases whose spread cannot be curbed without the provision of proper treatment.

Free-wheeling interviews with active healthcare workers highlight three important aspects necessary for the improvement of healthcare for undocumented migrants in Germany: the introduction of anonymous health insurance certificates, the setup of funds, and the commitment of various non-governmental organisations. However, what is extremely crucial in his context is legal clarity and freedom which is possible only if the Government has a socio-political will to do so.

Like in any other society, healthcare for undocumented migrants in Germany is a serious concern especially when the constitution of this population in the overall social fabric of the country cannot be neglected. The constant denial of healthcare for these people can only be counter-productive for society and the state.

Germany's immigration policies centre mainly on the combat against illegal migration instead of ensuring humane living conditions for undocumented migrants. Gibney points out that "the goal of reducing irregular migration is potentially in conflict with the goal of improving the conditions faced by irregular residents" (Gibney 2000:23) as the extension of this population's social rights is considered a possible pull factor by the German Government. However, the existing literature on this topic does not seem to support this theory. In fact, there is empirical evidence that normally migrants "do not make a rational choice of their destination country after comparing the benefits of different welfare systems" (Romero-Ortuño 2004:250). At no point during my fieldwork the impression was created that any of these undocumented immigrants' decision to come to Germany was based on or influenced by the circumstances regarding the access to healthcare facilities.

If adequate funds are allocated by the Government and if voluntary healthcare workers and NGOs whose services depend on public donation enjoy legal freedom, there is no reason why there should not be any significant improvement in medical care for undocumented migrants. The contentious §96, stating that anyone who aids a person without documents might be liable to prosecution, creates a dilemma for both doctors and undocumented migrants. Such regulations have to be amended to accommodate healthcare initiatives thereby protecting an individual's universal right to seek medical care. Undocumented migrants need to be enabled

to escape the state of “rightless existence”, as referred to by Gibney (2000:2), and to enjoy full social rights irrespective of their residence status. However, this is only possible if access to health services is separated from immigration law enforcement so that independence of the medical profession as well as the patients’ confidentiality can be guaranteed.

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### **Semi-structured interview questions for social workers affiliated with NGOs & private initiatives**

1. Who are the people termed as undocumented migrants by you or your organisation?
2. Why does your organisation help these undocumented migrants in having access to healthcare facilities?
3. If these people do not have any papers, especially medical insurance, how does your organisation manage to help them?
4. Which types of legal and medical problems do you encounter in serving this population?
5. With which kinds of diseases or health problems do these undocumented migrants approach you?
6. How does your organisation get funded for treatment of undocumented patients?
7. What are your suggestions for the improvement of healthcare for undocumented migrants?

### **Semi-structured interview questions for doctors**

1. Does the legal status of your patient hold any relevance for you?
2. Who do you term as a patient with undocumented status?
3. Since how long have you been providing medical care for undocumented migrants?
4. How do you manage to treat undocumented migrants, especially when they neither have any papers nor any money to pay for the medical treatment?
5. What kinds of problems are encountered by you in treating undocumented migrants?
6. Which are the most common diseases and ailments these undocumented migrants suffer from?
7. How do you manage cases where hospitalisation becomes necessary for the treatment?
8. What are your suggestions for the improvement of healthcare for undocumented migrants?

### **Semi-structured interview questions for undocumented migrants**

1. Since how long have you been here in Germany with undocumented status?
2. Which kinds of problems and fears you have to encounter in your day-to-day affairs?
3. How often have you had health problems? What kinds of health problems or diseases have you had or still have?
4. Which are some of the most common and uncommon methods you adopt to seek medical care in case of emergency or otherwise?
5. Which kinds of problems do you have to face while trying to seek medical care? Any cultural or linguistic problems?

6. How do you manage self-medication when you do not have any medicines and other resources available with you?
7. What do you do to deal with your depression, anxiety and fears?
8. Do you think there is anything the Government can do to improve the healthcare situation for undocumented migrants?

**Semi-structured interview-based questions for the purpose of life histories**

1. When and how did you decide to leave your home country?
2. Did you directly reach Germany or did you stay in other countries before entering Germany?
3. How did you manage to enter Germany with an undocumented status?
4. It is not that easy to forget some really interesting and important phases and events associated with this difficult journey of yours. Do you remember everything? Can you share some of those experiences with me?
5. What kinds of health problems did you have to face during all these years and how did you manage to deal with problems (legal or otherwise)?
6. Do you hope to attain a legal status in Germany one day?

**Questionnaire about health status and health-seeking behaviours of undocumented  
Punjabi immigrants in Germany**

1. Why have you come to Germany?
2. Do you live here with somebody else or just all alone?
3. Do you know many people with your kind of status?
4. Are you satisfied with your condition here in Germany?
5. Do you have any health problems? If yes, what kinds of health problems?
6. Have you ever been severely ill?
7. What do you do when you are ill?
8. Have you ever visited a doctor or a hospital in Germany?
9. Have you ever used someone else's health insurance card to seek medical care?
10. What kinds of problems do you encounter with regard to seeking medical care?
11. Do you encounter any communication problem while seeking medical care?
12. Do you visit a doctor alone or are you accompanied by someone?
13. Do you suffer from any sleep disorder?
14. Are you financially comfortable to manage your meals?
15. What is your expectation from the German Government?



### Life history: Sukhi, 27 years, male

For some people, the journey towards a better life starts on a happy note with everything shaping up appropriately within the legal framework until the whole situation is suddenly turned upside down through just one unhappy coincidence. The illegal and dangerous means come into play forcing these people to make desperate and hasty attempts to set things in order. The story of Sukhi, a 27-year-old undocumented migrant from Punjab, presently living in isolation somewhere near Eppingen in Baden-Württemberg, is a perfect example in this regard. With everything lined the legal way, Sukhi managed to get a student visa for Russia to pursue a Bachelor's level study programme in 2004. Hardly had he begun to attend lectures there, he was shocked to know that the university where he was studying was going to shut down due to some force majeure conditions. However, he came to know from other students that the university had received orders for immediate closure due to the suspected involvement of various institute officials in malpractices and illegal activities with foreign students. Already disoriented and clueless, Sukhi met a group of South Asian students faced with a similar plight. Hailing from a lower-middle class family in Punjab, a despondent Sukhi was desperate to do anything but go back to India. After all, his parents had painted a rosy image of Sukhi studying abroad.

“I did not want to go back home due to shame. I was ready to do anything to earn money abroad”, he says. Sukhi remembers sitting next to one elderly Sikh man who helped him to reach Germany through an agent. Like few more students, Sukhi was lucky that the immigration authorities in Russia had extended his visa to one year after his arrival from India. He could easily be persuaded to dispose of his passport with a one-year visa for an amount of twelve lakh Indian rupees. He went for this gamble because there was no other way of arranging so much money at such a short notice in order to head for some other destination in Europe. “If I had had a visa for the duration of two years on my passport, I would have been able to sell my passport for something like 25 lakh Indian rupees”, he reveals.

Stripped of his actual identity, Sukhi, along with two more Punjabi-speaking students, negotiated a deal with a Pakistani agent. According to the agreement, 50 per cent of the money was to be given to the agent on entering Italy and the remaining 50 per cent on arrival in Germany. After the required fake identity was created for Sukhi and other students, they could manage to enter Italy by different modes of transport, but mostly hiding in big vegetable containers transported via sea route. The entry to Italy could be arranged after five to six months of their deal with the agent. However, entering Germany was possible for Sukhi only after he had spent several weeks working on a farm in the company of other fellow

citizens in a remote village somewhere in the north of Italy. During his stay, Sukhi remained confined to that small village and realised that milking cows and buffalos with the help of those sophisticated machines which he had never seen back home was the only thing he could do there to earn two Euros per hour. The police and even the immigration authorities knew that there were lots of illegal and undocumented migrants doing illicit work, but Sukhi always wondered why they did not make any efforts to nab anyone.

Reluctant to state the exact year when he entered Germany, Sukhi only says that it eventually happened very recently. Sukhi's arrival in the northern part of Germany coincided with a massive manhunt by the German police in the border region which led to his arrest. But surprisingly, after being in prison in a small city in North Germany for several weeks, he was handed over to government authorities responsible for agricultural farming somewhere on the route from Worms to Frankfurt Hahn Airport. He worked there barefoot in the company of several other South Asians and Africans for ten to twelve hours every day. "It was a very tough task. There was no chance to talk to anyone there. I developed blisters under my feet. I used to curse myself", Sukhi recalls.

During the time when Sukhi worked in the fields, one African man who was also employed there told him about *Mama*, a popular Sikh undocumented migrant in the circle of other South Asian migrants, especially Punjabi-speaking ones. *Mama* actually hailed from a place very close to Sukhi's own village in Punjab. After several months, Sukhi could finally meet 45-year-old *Mama* with whose help he was able to plot an escape route to a new location in Germany where he found himself in the company of several other people from Punjab.

By then, Sukhi had also encountered a lot of sufferings culminating in some mental and psychological disorders, not to mention the contagious skin infection which had developed under his feet during the time when he worked in the fields barefoot for several hours. Besides, continuous discomfort caused by sleep disorders had also wrecked his mindset. Whatever little amount of sleep he would sometimes get by taking sleeping pills or tranquilizers, it was never enough to prevent him from behaving like a hag-ridden child. Once, when he managed to see a doctor using his documented friend's medical insurance card, he was described to be in a state of fear psychosis. The nightmares of being identified, arrested and deported to some unknown destination away from his own people played havoc on his mind all the time.

In a country like Germany, where strictness of laws and legal procedures are well known, Sukhi's only hope to legitimise his status in order to live a "humane life" today is to find a woman who is ready to conceive his child. "Getting married to someone here in order to get

the legal status in Germany is a more difficult option these days. The Government here can let you seek refuge if you happen to become the legal father of a child conceived by a lady. What can I do, the law of this country is such”, Sukhi tries to explain.

Sukhi’s biggest worry however, before finding such a woman, is his deteriorating mental health. The kind of emotional and psychological distress he is faced with currently needs regular treatment under the supervision of a specialist. The tragic part is that he can see a doctor only rarely when it becomes possible and not when he needs it the most. Self-medication has been tried a few times in the past but in vain. His restricted mobility and prolonged confinement together with his inability to have access to medical care have dented his confidence. Though being surrounded mostly by rather unreliable people, Sukhi has still pinned all his hopes on certain acquaintances and fancies his chance of befriending a woman with legal status. He knows he needs money to put these plans into practice but he is sure that he will find some solution to this problem, too. “There is a remedy for every problem. God will help me”, he says, giving the impression that he does not want to surrender even if he has to compromise on his mental solace.